

ROLEPLAYER CARD NO. 3**MEDICINE****SETTING**

Suburban Clinic

PATIENT

You are a 24-year-old school teacher. Over the last three months you have been experiencing throbbing headaches on the left side of your head, particularly around the temple area. They cause so much pain that you have to lie down; they also frequently cause nausea. Paracetamol does not relieve the symptoms. You notice that the headaches come after you have been drinking red wine. You remember that your mother who died ten years ago had similar headaches. She took a strong medication containing barbiturate. You are becoming frustrated and worried.

TASK

- Ask the doctor about possible causes. Express concern about the possibility of something serious, like a tumour.
- Ask about hereditary factors.
- Request a prescription for the same kind of medication your mother used to take. Insist that this medication worked for her.

CANDIDATE CARD NO. 3**MEDICINE****SETTING**

Suburban Clinic

DOCTOR

You are a general practitioner. The patient is a 24-year-old teacher who has come to your surgery today complaining of severe one-sided headaches. These headaches lead to nausea and have been occurring over the last three months. The patient reports a family history of severe headaches. A trigger seems to be red wine consumption, suggesting migraine.

TASK

- Take a history of the complaint and explain the need for a neurological examination (to check for signs of neurological disease).
- Reassure the patient and discuss why you believe migraine is the likely cause.
- Talk about the treatment options for migraine – preventative as well as abortive, and deal with the patient's questions about medication (barbiturates are habit-forming and not used much nowadays).

ROLEPLAYER CARD NO. 1**MEDICINE**

SETTING Suburban Clinic

PATIENT You are a 42-year-old financial adviser. You have a stressful job and frequently travel overseas on business. A few months ago, a colleague suggested that you take sleeping pills to help regulate your sleep and ease your anxiety. Your doctor prescribed a benzodiazepine. You are now running out of pills and so today you have come to request another prescription from your doctor.

- TASK**
- Admit to taking sleeping pills every night.
 - Explain to the doctor that work is very busy - the pills make you relaxed and more able to cope.
 - Request another prescription for sleeping pills. Get upset when the doctor refuses to prescribe you more sleeping pills. Ask: "How will I cope?"
 - Explain that you will stop the pills once work slows down but that you want to continue taking them while you are busy. Be reluctant to try non-medical intervention because the pills have been so effective.
 - Eventually, agree to the doctor's advice.

OET AUGUST 2014**CANDIDATE CARD NO. 1****MEDICINE**

SETTING Suburban Clinic

DOCTOR Your patient is a 42-year-old financial adviser. He/she has a stressful job and frequently travels overseas on business. A few months ago, a work colleague suggested that he/she take sleeping pills to help regulate sleep and ease anxiety. The patient came to see you and you prescribed a benzodiazepine. The patient has now run out of pills and so today he/she has come to request another prescription.

- TASK**
- Ask the patient how often he/she takes the sleeping pills.
 - Explain to the patient that long term nightly use of any sleeping pill is not recommended (use of pills does not cure sleep problem; risk of drug dependency).
 - Tactfully refuse to prescribe another prescription.
 - Convince the patient to try non-medical interventions - e.g., regular exercise, control workload (learn to say 'no'), reduce alcohol/caffeine, etc.
 - Caution against stopping the pills suddenly (risk of withdrawal symptoms) - gradually decrease the dose and consider other strategies for coping with his/her anxiety.

OET JUNE 2014

ROLEPLAYER CARD NO. 6**MEDICINE****SETTING**

Suburban General Practice

PATIENT

You are a 23-year-old student. You have been feeling more tired than usual over the past few months since you started studying for exams. You feel stressed and have had difficulty getting to sleep at night. You have no other symptoms. You have a good diet and don't drink or smoke, but you don't do any exercise either. Last week the doctor examined you and ordered some blood tests. You are here for the results. You have an exam in two weeks and want a medical certificate to say you are too sick to sit it.

TASK

- Ask about the results of your blood tests.
- Find out why you are feeling tired.
- Ask for a medical certificate for your exam, which is in two weeks' time.
- Become stressed and anxious when the doctor won't write you a certificate, and express your concern that you will fail the exam.
- Try to get the doctor to feel sorry for you (exams have a terrible effect on you).
- Finally agree to try what the doctor recommends and to see him/her again in the week before the exams.

OET JUNE 2014

CANDIDATE CARD NO. 6**MEDICINE****SETTING**

Suburban General Practice

DOCTOR

This 23-year-old student presented a week ago complaining of tiredness. He/she described difficulty getting to sleep and stress over upcoming exams. He/she has had no other symptoms and is not clinically depressed. Examination last week was completely normal. You ordered some basic blood tests and the results are all normal.

TASK

- Reassure the patient that there is no major medical cause for his/her symptoms.
- Explain that stress from exams and poor sleep are the likely causes of the symptoms.
- Suggest regular gentle exercise and avoidance of stimulants like coffee and sugary foods; encourage him/her to find time to relax.
- Explain that you cannot write a medical certificate for a time in the future.
- Find out about his/her concerns about exams and respond sympathetically.
- Suggest that he/she try your recommendations and come back next week so you can review how he/she is getting on.

OET JUNE 2014

ROLEPLAYER CARD NO. 5**MEDICINE****SETTING**

Hospital

PATIENT

You are 52 years old and have been admitted to hospital with diverticulitis. Your doctor thinks it will settle down within one week with some antibiotics. As a highly anxious person you are concerned that you may have bowel cancer because your mother died of bowel cancer.

TASK

- Seek confirmation that you really have diverticulitis as you have never heard of it.
- Explain your family history of bowel cancer (mother died of bowel cancer at 55 years old).
- Ask what you can do to prevent the same fate for yourself. You spend a lot of time worrying about this.
- Accept the doctor's advice and reassurance that you are doing everything possible to identify any bowel changes early (e.g., good diet, awareness of signs and symptoms, regular check-ups, colonoscopy).

OET JUNE 2014

CANDIDATE CARD NO. 5**MEDICINE****SETTING**

Hospital

DOCTOR

Your 52-year-old patient has been admitted to hospital with diverticulitis. You think it will settle down within one week with some antibiotics. Your patient is a highly anxious person and is concerned that he/she may have bowel cancer because his/her mother died of bowel cancer.

TASK

- Confirm the diagnosis (CT scan) of diverticulitis.
- Explain diverticulitis (inflammation of the diverticula, which are outpockets of the bowel mucosa).
- Find out about the patient's family history and explain that family history of bowel cancer is important but prevention and early detection for all people is highly advisable.
- Reassure the patient that he/she is doing everything possible to identify any changes that could lead to early detection of cancer (e.g., good diet, awareness of signs and symptoms, regular check-ups, colonoscopy when indicated).
- Explain the need to avoid constipation and to maintain a high fibre diet and soft stool consistency.

OET MARCH 2014

ROLEPLAYER CARD NO. 2

MEDICINE

SETTING

General Practice Surgery

PATIENT

You are 64 years old. You are going overseas for a holiday in a couple of weeks and, as part of the travel agent's insurance policy, you need to have a general check-up before you go.

TASK

- When the doctor tells you that you have very high blood pressure, be very surprised. You are very active and not overweight. You do not smoke and drink only moderately.
- On questioning, admit to being very stressed at work – that is why you need a holiday! Become irritated: finding out you are sick won't help the situation.
- Ask how to deal with this problem. You are absolutely opposed to taking medication and wonder if there are herbal or other remedies available.
- Seek reassurance that you will be able to travel.

OET MARCH 2014

CANDIDATE CARD NO. 2

MEDICINE

SETTING

General Practice Surgery

DOCTOR

This 64-year-old patient is planning a holiday overseas and has come in for a medical examination required for his/her travel insurance. You are surprised to find his/her blood pressure is 190/110.

TASK

- Express your concern at such a high blood pressure reading and explain that the condition increases the risk of stroke and heart disease.
- Question the patient about his/her lifestyle: smoking, alcohol, diet, stress factors, etc.
- Explain that medication may be needed and that other measures should be taken (looking at diet, exercise, etc.) to bring the blood pressure down.
- Explain that you will arrange further tests – ECG, cholesterol, urinalysis (as there may be a treatable underlying cause, such as renal or endocrine disease; heart disease is also a concern). While the problem might be stress-related, you cannot impose treatment based on a single reading.
- Reassure the patient that he/she will still be able to go on holiday.

OET JUNE 2014

ROLEPLAYER CARD NO. 1**MEDICINE****SETTING**

Operating Theatre Suite

PATIENT

You are 45 years old. You are waiting for a day procedure to have a large lump removed from your back. The lump is about 10cm in diameter and you find it unsightly. You are also concerned that it may be cancerous. Your GP has assured you that it is a benign lipoma, not a cancer, but you remain unconvinced. The surgeon has already seen you to confirm your consent for the procedure but you have some further questions. You have asked for a doctor to talk to you.

TASK

- Explain your worry that the lump is cancerous. Ask how the surgeon will know whether it is or not.
- You have been told to come back to the outpatient clinic in two weeks. Find out why it takes so long for the results. Will you learn for certain then if the lump was cancerous?
- Express concern about the possibility of a scar on your back. What can you do to minimise this?
- Ask about the chance of the lump returning or a similar lump growing elsewhere on your body. What if the surgeon doesn't remove it all? You are very anxious.

OET JUNE 2014

CANDIDATE CARD NO. 1**MEDICINE****SETTING**

Operating Theatre Suite

DOCTOR

You are working as a surgical resident in this hospital. You have been called to talk to a 45-year-old patient who is awaiting surgery for a large benign lipoma on his/her back. You note that the patient has already been booked into the outpatient clinic in two weeks for review of the wound and histopathology.

TASK

- Reassure the patient that the risk of cancer is extremely low.
- Explain that the lump will be examined under the microscope and the patient will normally get the results at the two-week review in the clinic. The wound will also be checked then.
- Explain that there will be a scar as it is a large lesion but it will fade with time. Keeping the area dressed with steristrips for a month can help to minimise this. The surgeon will discuss this further with the patient.
- Reassure the patient about removal of the lump and the unlikelihood of recurrence.

OET MARCH 2014

ROLEPLAYER CARD NO. 1

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are middle-aged and overweight. You have noticed a bitter taste in your mouth, which is worse on waking in the morning and is accompanied by a burning sensation in the back of the throat. You have also noticed it is worse during your morning walk after breakfast. Sometimes there is a bit of regurgitation of food. You smoke 5-10 cigarettes a day, drink several cups of coffee, and have two glasses of wine with dinner. You also have a slight cough when you speak.

TASK

- Find out what is causing these symptoms.
- When the doctor mentions reflux, become alarmed. You have heard that it can lead to a serious pre-cancerous condition.
- Find out how it can be treated.
- Do not accept the doctor's recommendations. You feel he/she is not taking this seriously enough and you want to see a specialist. Be insistent.
- Reluctantly accept the doctor's advice.

OET MARCH 2014

CANDIDATE CARD NO. 1

MEDICINE

SETTING

Suburban Clinic

DOCTOR

A middle-aged patient has come in complaining of a bitter taste in his/her mouth, which is worse on waking and accompanied by a burning sensation in the back of the throat. He/she is overweight, and you notice a slight cough when he/she speaks. You diagnose GORD (gastro-oesophageal reflux disease).

TASK

- Check if the patient has difficulty swallowing.
- Tell the patient your diagnosis (GORD) and explain the causes (e.g., alcohol use, being overweight, smoking, bad posture).
- Outline dietary and lifestyle measures that can help in controlling it (e.g., weight management - foods to avoid; meals - little and often and not within three hours of bed; lifestyle - smoking, alcohol, elevation of head of bed, avoidance of exercise straight after meal).
- Advise on the treatment strategy: ranitidine (H2 antagonist) then review.
- Reassure the patient. You do not feel a referral for an endoscopy is warranted at this stage. It may be worthwhile later if there is limited response to ranitidine.

OET Sample role-play

ROLEPLAYER CARD NO. 1

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are 45 years old, married with three teenage children. You run a successful consultancy business. Three months ago, your mother-in-law was diagnosed with Alzheimer's disease and she is now living with you. You are finding it difficult to balance your family and work commitments, and are worried about how you will manage to support your mother-in-law. Your anxiety has been causing you to have problems with sleeping at night. You have come to see the doctor today to request sleeping pills.

TASK

- Request sleeping pills, as you are sure these will help you to feel better.
- Be insulted when the doctor cautions you against the risks of dependency (you are not someone likely to get addicted to medications).
- Become angry when the doctor declines your request. You are sure sleeping pills will help to cure your anxiety.
- Reluctantly agree to attend counselling for stress management.

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Sample role-play

OET Sample role-play

CANDIDATE CARD NO. 1

MEDICINE

SETTING

Suburban Clinic

DOCTOR

Your patient is 45 years old, married with three teenage children. He/she runs a successful consultancy business. Three months ago, his/her mother-in-law was diagnosed with Alzheimer's disease and is now living with the family. The patient is finding it difficult to balance family and work commitments and is worried about how he/she will manage to support the mother-in-law. Anxiety has been causing your patient to have problems with sleeping at night. He/she has come to see you today to request sleeping pills.

TASK

- Explain to the patient that you are reluctant to prescribe sleeping pills (e.g. risk of dependency, etc.).
- Refuse to prescribe sleeping pills but reassure the patient that anxiety can be managed by alternative methods (e.g., self-care techniques, dietary measures, exercise, etc.).
- Counsel the patient on the role of stress management and sleep hygiene (e.g., focus on routines and natural rhythms, make sleeping environments more restful, etc.) in relieving anxiety.
- Try to convince the patient to accept a referral to see a counsellor/psychologist for stress management.

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Sample role-play

OET Sample role-play

ROLEPLAYER CARD NO. 2

MEDICINE

SETTING

Suburban General Practice

PATIENT

You are 32 years old and have a painful left ear. You first noticed this about three days ago and, despite using paracetamol, the pain has worsened and was particularly severe last night. This morning, you noticed what appeared to be pus on your pillow, which you presume has come from the painful left ear. Surprisingly, the pain has lessened somewhat, but your hearing seems to have deteriorated and you are worried about it.

TASK

- Find out what has happened to you and what needs to be done about it.
- Express alarm at the diagnosis and explain your fear of deafness. You are also very concerned at the amount of pus that came from the ear (isn't a hole in the eardrum a serious matter?).
- What can be done about it?
- When the doctor advises against activities involving pressure change, be very concerned. Your favorite hobby is scuba diving, and you are aware that ear problems can affect fitness to dive. Will it affect your scuba diving?
- Be hard to reassure, but eventually accept the doctor's advice.

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Sample role-play

OET Sample role-play

CANDIDATE CARD NO. 2

MEDICINE

SETTING

Suburban General Practice

DOCTOR

This 32-year-old patient presents with a three-day history of a painful left ear. On examination, there is severe otitis media (inflammation in middle ear) present in the left ear, with a recent small central perforation of the left eardrum and pus visible from the external auditory canal.

TASK

- Explain the diagnosis to the patient.
- Explain the mechanism: infection build-up of pus behind eardrum; eventual perforation reduction in pain (pus previously under pressure – released to flow freely to the outside).
- Reassure the patient (e.g., not an unusual occurrence with this condition; small perforation will heal readily; no permanent effect on hearing).
- Outline treatment: broad spectrum antibiotic; review at the end of the course, when the perforation can also be reassessed; audiological testing if hearing deficits continue.
- Advise against any activities that involve pressure change (e.g., aircraft flight, diving etc) until condition has completely resolved.

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Sample role-play

OET Sample role-play

ROLEPLAYER CARD NO. 2

MEDICINE

SETTING

Suburban General Practice

PATIENT

You are 34 years old. Your spouse recently noticed a small dark skin lesion on the lower part of your back. You are not sure how long it has been present, nor whether it has been growing. You are not aware of any symptoms such as itching or bleeding. Your father died of malignant melanoma (a lethal skin cancer) and you are very worried that you may have the same problem.

TASK

- Explain the reasons for your concern at finding this lesion, and your fear of the possibility of cancer due to your family history.
- When the doctor diagnoses a benign condition, be hard to convince. Ask further questions:
 - What will I do about this now?
 - Shouldn't I go into hospital straight away and have it removed completely?
 - What will the consequences be if my fears turn out to be correct?
 - Will I get sick and die like my father?
 - Will I need major operations and chemotherapy?
- Eventually accept the doctor's explanation.

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Sample role-play

OET Sample role-play

CANDIDATE CARD NO. 2

MEDICINE

SETTING

Suburban General Practice

DOCTOR

This 34-year-old patient is attending because his/her spouse has noticed a small dark skin lesion on the patient's lower back. The patient is concerned that this represents a skin cancer, and requests your opinion on management. You diagnose a benign, simple pigmented nevus that has probably been present for many years.

TASK

- Explain the diagnosis (most likely birthmark, mole, etc.) and reassure the patient.
- Explain the treatment: excising the lesion under local anesthetic (an excisional biopsy) and using histopathological examination (examination under microscope) to determine the nature of the lesion (a simple process: can be done in your rooms with minimal risk; results available in a few days).
- Explain the procedure if the lesion is malignant: urgent referral to a surgeon for a wider excision of the lesion and probably adjuvant therapy (chemo- or radiotherapy). Based on the clinical appearance of the lesion, there is no need for urgent admission for a large-scale procedure immediately.

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Sample role-play

OET Sample role-play

ROLEPLAYER CARD NO. 2

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are 42 years old and your doctor has just provided you with the results of your most recent fasting blood glucose test (7.6 mmol/l). The test is your second test this month and the result confirms a diagnosis of diabetes mellitus Type II (DM). You have a limited understanding of DM, which you know by the term "sugar diabetes". You are not convinced of the diagnosis of DM on the basis of merely two test results. You challenge the diagnosis.

TASK

- Seek clarification of DM. Ask: "I've heard of diabetes. Is that the same as sugar diabetes?"
- Stress that you are not convinced of the diagnosis. Comments: "Could that be right? I don't eat sugar or anything." "You only did the two tests. Can you be sure?"
- Explain that because you don't believe the diagnosis, you are reluctant to commence the doctor's suggested management plan for controlling your blood sugar levels.
- Demand more tests.
- Reluctantly agree with the doctor.

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Sample role-play

OET Sample role-play

CANDIDATE CARD NO. 2

MEDICINE

SETTING

Suburban Clinic

DOCTOR

You inform your 42-year-old patient of his/her recent fasting blood glucose test result (7.6 mmol/l) which confirms a diagnosis of diabetes mellitus Type II (DM). The test is the patient's second test this month. The patient challenges your diagnosis.

TASK

- Briefly explain diabetes and its causes (emphasise that you can get "sugar diabetes" even if you don't eat sugar).
- Explain that the thresholds (raised glucose values on two occasions) for diagnosing DM are determined by World Health Organisation (WHO) standards using evidence from research.
- Explain that early treatment and regular appointments for monitoring diabetes status (e.g., sugars, blood pressure, cholesterol) will help prevent complications such as blockage of blood vessels to heart, brain and feet, problems with kidney and eyes.
- Recommend dietary/lifestyle changes and refer to a dietician/diabetes educator.
- Convince the patient to commence preventative measures as the test results are valid and further tests are unnecessary.

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Sample role-play

OET Sample role-play

ROLEPLAYER CARD NO. 1

MEDICINE

SETTING

Suburban Clinic

CARER

Your father, Harry Smith, is 68 years old. He has a history of atrial fibrillation (abnormal heart rhythm) and takes warfarin (anticoagulant) to reduce the risk of thrombosis and embolism (abnormal formation and migration of blood clots). You have come to see the doctor today to request a prescription of Panadeine Forte for Harry, who two days ago fell at home, and now has extensive bruising and pain on his right thigh but is otherwise well.

TASK

- Tell the doctor that yesterday your sister gave Harry a couple of her own Panadeine Forte tablets, which significantly relieved his pain. Today, you have come to collect a prescription for Harry who is in too much pain to walk to the clinic himself.
- Become angry when the doctor refuses to give you a prescription. Demand an explanation.
- Reluctantly agree to the doctor making a home visit for Harry (although you really think this is unnecessary, as the doctor knows Harry's medical history).

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Sample role-play

OET Sample role-play

CANDIDATE CARD NO. 1

MEDICINE

SETTING

Suburban Clinic

DOCTOR

You are speaking to the son/daughter of your 68-year-old patient, Harry Smith. Harry has a history of atrial fibrillation (abnormal heart rhythm) and takes warfarin (anticoagulant) to reduce the risk of thrombosis and embolism (abnormal formation and migration of blood clots). The son/daughter is requesting a prescription of Panadeine Forte for Harry, who two days ago fell at home and now has extensive bruising and pain on his right thigh but is otherwise well.

TASK

- Tell the son/daughter that you will not write a prescription for a patient without a consultation.
- Explain your decision (standard of care; the importance of patient assessment in management decision; warfarin contraindication).
- Express concern about Harry's well-being and convince the son/daughter that a home visit, with Harry's consent, is most desirable.

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Sample role-play

OET OCTOBER 2015

ROLEPLAYER CARD NO. 4**MEDICINE****SETTING**

Suburban Clinic

PATIENT

You are 25 years old. Your friend was recently diagnosed with a melanoma (skin cancer) after one of her moles changed its appearance. You are very concerned that you might also be at risk of developing skin cancer, especially since you spent a lot of time on the beach in your childhood and have been sunburnt on numerous occasions. You are extremely anxious and believe that the best way to avoid getting skin cancer is for the doctor to immediately remove all your moles. You become upset when the doctor suggests that this is not necessary.

TASK

- Request that the doctor remove all your skin moles.
- Sound unconvinced when the doctor suggests that removing your moles is not necessary. Ask "How can I be sure a mole is not going to turn dangerous?"
- Seek advice on how to prevent your moles from turning cancerous.
- Agree to the doctor's short-term suggestions.

OET OCTOBER 2015

CANDIDATE CARD NO. 4**MEDICINE****SETTING**

Suburban Clinic

DOCTOR

Your patient is 25 years old. His/her friend was recently diagnosed with a melanoma (skin cancer). The patient is concerned that he/she might also be at risk of developing skin cancer, especially since he/she spent a lot of time on the beach during childhood and has been sunburnt on numerous occasions. The patient is extremely anxious and believes that the best way to avoid getting skin cancer is to have all his/her moles removed.

TASK

- Reassure the patient that excising (surgically removing) moles is not necessary as skin cancer is usually preventable (e.g., mostly treatable if detected early; benign moles often arise in the 3rd and 4th decades of life, etc.).
- Explain what changes to look for on skin spots (e.g., asymmetry, irregular border, different colouring, increasing diameter, change in shape/size, etc.).
- Encourage prevention (e.g., regular skin checks, protect against sun damage, wear sun-cream, hat, protective clothing, etc.).
- Offer to take photos and review in six months.

OET AUGUST 2015

ROLEPLAYER CARD NO. 1

MEDICINE

SETTING

Medical Clinic

PATIENT

You are 25 years old and very concerned about your health and fitness. Recently, you have had trouble with your right knee especially after running and playing sport. You are attending the doctor for a diagnosis and advice.

TASK

- Answer the doctor's questions about your activities – you play basketball and go to the gym regularly. You are training to run a marathon and run 20-30km/week.
- Ask the doctor to explain the diagnosis (i.e., what causes it, what treatments are available, etc.).
- Explain that exercise is an important part of your life and you don't think you can go without it.
- Agree to see a physiotherapist and to reduce running and other high-impact activities (e.g., switching to bike riding, swimming, etc.)

OET AUGUST 2015

CANDIDATE CARD NO. 1

MEDICINE

SETTING

Medical Clinic

DOCTOR

Your patient is a fit, active 25-year-old. Recently, the patient has had trouble with his/her right knee especially after running and playing sport. You suspect patellofemoral pain syndrome (kneecap pain). He/she has come to seek your advice.

TASK

- Find out the patient's exercise routine (e.g., sport, gym, running, etc.).
- Discuss the possibility that the patient has patellofemoral pain syndrome (e.g., muscle imbalance/misalignment, often caused by injury or high impact exercise, etc.).
- Highlight that the condition should improve with physiotherapy. Stress the need for a temporary reduction in high-impact exercise.
- Encourage the patient to change to lower impact exercise (e.g., bike riding, rowing machines, swimming, etc.) until after he/she has consulted the physiotherapist.

ROLEPLAYER CARD NO. 6

MEDICINE

SETTING

Local Clinic

PATIENT

You are a recently retired 65-year-old person with an active lifestyle. You usually sleep well overnight. Lately, you are waking at night with cramps in your calves. You are disturbing your spouse so you have decided to consult your doctor.

TASK

- Explain that your cramps are more regular (twice per week) and occur during the night; they are getting worse and affecting your sleep.
- Tell the doctor that you are in good health and have a good diet (e.g., plenty of water, fresh foods, exercise, etc.).
- Tell the doctor you heard that cramps are caused by lack of vitamins or minerals; ask if this is true.
- Complain that your spouse will not cope with another disturbance and you need some suggestions to remedy the problem immediately.
- Agree to consult a physiotherapist and to return for review if there is no improvement.

CANDIDATE CARD NO. 6

MEDICINE

SETTING

Local Clinic

DOCTOR

Your patient is a recently retired 65-year-old person with an active lifestyle. He/she usually sleeps well overnight. Increasingly, the patient is waking with cramps in the calves and is now disturbing his/her spouse. The patient is seeking your advice.

TASK

- Find out why the patient has come to see you now.
- Ask the patient about general health and wellbeing (e.g., exercise, diet, etc.).
- Explain that significant mineral deficiencies are not a common cause in otherwise healthy people and it is more likely that overexertion may contribute to cramping (e.g., excessive exercise, muscle injury/fatigue, etc.).
- Provide some recommendations for treatment (e.g., ice pack, regular stretching, massage, etc.).
- Encourage the patient to visit a physiotherapist and to return for review in the future if necessary.

OET OCTOBER 2015

ROLEPLAYER CARD NO. 1**MEDICINE****SETTING**

Suburban Clinic

CARER

You are concerned about your father, a middle-aged man who has been living with you and your family since your mother died two years ago. He is overweight, snores heavily and at times you have heard him stop breathing at night. After a pause – sometimes lengthy – he takes a huge, almost gasping breath. You are worried that this pattern of breathing at night might be dangerous – what if he stops breathing and doesn't restart? You've also noticed that recently he appears withdrawn and not interested in family life with his children and grandchildren.

TASK

- Tell the doctor that you are worried about your father's health, especially his sleeping patterns at night and his lack of interest in family life.
- Confirm that your father does not drink alcohol or take sedatives.
- Express anxiety. Is sleep apnoea curable?
- Ask for advice on how you can help to support your father.
- Find out if the sleep apnoea is causing your father to be withdrawn.

OET OCTOBER 2015

CANDIDATE CARD NO. 1**MEDICINE****SETTING**

Suburban Clinic

DOCTOR

You are speaking to the son/daughter of a middle-aged, overweight man. He/she is concerned about the father, who lives in the same house (the mother died two years ago). He/she is worried that when the father stops breathing at night, he may not restart breathing. Recently, the father appears withdrawn and not interested in family life with his children and grandchildren. You suspect sleep apnoea.

TASK

- Explain sleep apnoea (breathing stops momentarily during sleep) to the son/daughter and that a sleep study will be needed to establish the diagnosis.
- Establish that sedating medications are not taken at night and excess alcohol is not contributing.
- Reassure the son/daughter that effective treatment for sleep apnoea is available (e.g. continuous positive airway pressure therapy, etc.).
- Provide advice on how the family might support the father to manage sleep apnoea through lifestyle changes (e.g., diet and exercise to reduce weight, etc.).
- Discuss possible depression, as a separate diagnosis or as a consequence of the sleep apnoea.

ROLEPLAYER CARD NO. 5

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are 49 years old and have recently been diagnosed with Hashimoto's thyroiditis, an autoimmune disease which destroys the thyroid gland and leads to a range of symptoms (including weight gain, depression, fatigue and irregular heart rhythms). Your endocrinologist has advised you to inform your two adult children, as the condition is hereditary. However, you have some concerns and seek the doctor's advice.

TASK

- Tell the doctor you are worried about your privacy. Ask: "Do I have to inform my children of the diagnosis?"
- Disagree that your children would benefit from early diagnosis and testing (It is late and unavoidable onset genetic disease; 'ignorance is bliss').
- Express concern that knowledge of the family history might affect your children's access to life and health insurance policies. Be reluctant to disclose your diagnosis to your children.

CANDIDATE CARD NO. 5

MEDICINE

SETTING

Suburban Clinic

DOCTOR

Your 49-year-old patient has been recently diagnosed with Hashimoto's thyroiditis, an autoimmune disease which destroys the thyroid gland and leads to a range of symptoms (including weight gain, depression, fatigue and irregular heart rhythms). The endocrinologist has advised your patient to inform his/her two adult children, as the condition is hereditary. Your patient has some concerns and seeks your advice.

TASK

- Reassure the patient that his/her medical records remain confidential. As the condition is neither life-threatening nor preventable, disclosure is not urgent or enforceable.
- Encourage disclosure and give reasons (e.g., careful lifestyle management might prevent early onset; disclosure ensures accurate diagnosis at onset of illness).
- Reassure the patient – you cannot advise on insurance policies but think that there are many benefits to be gained from disclosure.
- Try to convince the patient to consider disclosure and offer referral to a genetic counsellor.

ROLEPLAYER CARD NO. 2

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are a 39-year-old factory worker. Your boss has ordered all workers to have the flu vaccination. Your boss believes that prevention of illness is essential for optimising workplace productivity. You are anxious about having the flu vaccination, as your uncle had a bad reaction to the vaccine five years ago. You have recently applied for promotion and so feel under pressure to satisfy your boss. You seek the advice of your doctor.

TASK

- Ask the doctor if it is essential for you to have the flu vaccination.
- Explain your fear of having the vaccine. Ask about the likelihood of side effects.
- Tell the doctor you are concerned about the privacy of your medical records: "Will my boss be able to seek information from my medical records on whether or not I have been vaccinated?"
- Seek reassurance as you are worried your boss will not promote you if you are not vaccinated.

CANDIDATE CARD NO. 2

MEDICINE

SETTING

Suburban Clinic

DOCTOR

Your patient is a 39-year-old factory worker whose boss has ordered all workers to have the flu vaccination. Your patient is anxious about having the flu vaccination, as his/her uncle had a bad reaction to the vaccine five years ago. However, he/she has recently applied for promotion and so feels under pressure to satisfy the boss. He/she seeks your advice.

TASK

- Explain that anyone can have the vaccine but it is strongly recommended in at-risk populations (young children, pregnant women, elderly, reduced immunity, healthcare workers). Most 'flu-like' illnesses are not influenza and immunised workers will still get coughs/colds.
- Explain that the vaccine is relatively safe, compared with complications of flu (e.g., pneumonia, inflammation of brain/heart, etc.).
- Reassure the patient that the boss cannot access medical records without the patient's consent.
- Convince the patient that he/she alone must decide on whether or not to have the flu vaccination.

OET SEPTEMBER 2014

ROLEPLAYER CARD NO. 6**MEDICINE****SETTING**

Work Place Health Check

PATIENT

You are a 50-year-old factory worker. You are attending a work health check (15-minute health assessments conducted at work) organised by your employer. You do not want to cooperate with the assessment because you are concerned about your employer having access to your medical information. You have not had a health check for a long time and are fearful that you may have developed diabetes or some other disease. You would prefer not to know.

TASK

- Express your concern about your employer having access to your personal information.
- Tell the doctor that you do not understand why you need a health check – as long as you are performing your duties, what does your health matter?
- Inform the doctor that your older brother was diagnosed with diabetes a year ago and has made big changes to his diet and lifestyle. You couldn't be bothered going through such big changes (If I'm feeling ok, why should I worry?).

OET SEPTEMBER 2014

CANDIDATE CARD NO. 6**MEDICINE****SETTING**

Work Place Health Check

DOCTOR

You are conducting 15-minute health assessments at a factory workplace. A 50-year-old factory worker does not want to cooperate with the assessment because he/she is concerned about the employer having access to his/her medical information. The worker has not had a health check for a long time and is fearful that he/she may have developed diabetes or some other disease. He/she would prefer not to know.

TASK

- Provide reassurance – work health checks are confidential and provide opportunity to receive immediate feedback and advice on results.
- Explain that health checks support a healthier workforce with wide-ranging benefits (e.g., improved productivity, reduced workplace injuries, etc.) plus personal benefits (e.g., individuals learn more about their own health, etc.).
- Convince the patient to attend local doctor and undertake testing for diabetes. Explain benefits of risk assessment for preventable disease. Encourage the patient to reduce risk factors (e.g., dietary modification, regular exercise, etc.).

ROLEPLAYER CARD NO. 5

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are a middle-aged patient with a stressful job as an advertising executive. This morning while giving a presentation to colleagues, you suddenly felt weak down your right side, especially your arm. Afterwards a colleague told you your speech was slurred for about five minutes, so he encouraged you to see a doctor. You have never experienced this before, other than slurred speech from drinking too much. You are otherwise healthy. You now feel fine but have come for a check-up and the doctor is asking you about the episode.

TASK

- Answer the doctor's questions about the episode and associated symptoms.
- Find out why all these tests are necessary, as you are getting really worried.
- Ask if he/she is suggesting you have had a mild stroke. If so, could you have a more severe one in the future?
- Find out what can be done to prevent another more serious recurrence.

CANDIDATE CARD NO. 5

MEDICINE

SETTING

Suburban Clinic

DOCTOR

A middle-aged patient has presented with an episode of transient unilateral weakness of the arm with sudden onset. It was accompanied by dysphasia. You examine the patient, including carotid auscultation, heart rate, blood pressure and respirations. Explain that the problem may be related to the heart or blood vessels, but you want to do more tests to exclude a transient ischaemic attack (TIA: often known as "mini-stroke").

TASK

- Find out the history of the symptoms and how long the episode lasted.
- Explain the need to order blood tests - full blood examination, thyroid function tests, blood glucose and cholesterol, urea and electrolytes, creatinine clearance.
- Refer the patient for a CT scan and ECG.
- Explain to the patient, without alarming him/her, that TIA must be ruled out.
- Answer his/her questions about other possible causes and how to prevent recurrence or serious complications.

OET SEPTEMBER 2014

ROLEPLAYER CARD NO. 3

MEDICINE

SETTING

Suburban Clinic

PATIENT

You have come to the doctor about your eyes which became red and itchy a few days ago. You do not wear contact lenses, and have not been handling chemicals or cleaning fluids recently. There are no problems with your eyelids, just your eyes. It feels like there is grit in them and they are runny at times, but otherwise there is no pain.

TASK

- Tell the doctor that you have noticed a clear discharge for a couple of days, only since you had a cold last week.
- Find out what could be causing these symptoms and how long this is likely to last.
- Ask if it would help to bathe your eyes in salty water.
- Find out how helpful an allergy test would be, especially if it re-occurs.
- Express concern that it will affect your vision.
- Ask about how to prevent others in the house from catching it.

OET SEPTEMBER 2014

CANDIDATE CARD NO. 3

MEDICINE

SETTING

Suburban Clinic

DOCTOR

A patient presents complaining of red itchy eyes. He/she has signs of pink eye (conjunctivitis). You take a history - use of contact lenses, or any recent contact with chemicals. Your patient has had recent symptoms of a discharge and itchiness, so you suspect viral or allergic conjunctivitis. You question your patient further to confirm your diagnosis.

TASK

- Ask how long the discharge has occurred for - is it clear or purulent?
- Find out if the patient has had a cold recently.
- Explain your diagnosis of conjunctivitis and the possible cause (e.g., viral infection).
- Explain the appropriate treatment and the usual course of conjunctivitis (e.g., virus: antihistamines, warm/cool compresses, etc.).
- Answer questions about the need for an allergy test and the likelihood of recurrence.
- Reassure the patient that it should not affect his/her vision permanently.
- Advise the patient not to share face washers/bed linen with others as the condition is contagious.

OET SEPTEMBER 2014

ROLEPLAYER CARD NO. 5

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are 47 years old. You are feeling intense burning pain in the joint of your right toe. Yesterday, the toe became very tender and swollen and turned red. You have taken aspirin for pain relief but this doesn't seem to be working. In fact, the pain is getting worse. You have had two previous attacks of gout. However, this episode seems much worse and the pain is very intense.

TASK

- Ask the doctor what causes gout.
- Find out how to relieve the pain.
- Tell the doctor that you are worried about how long the attack will last as you will be attending your friend's wedding on the weekend.
- Become upset when the doctor suggests that it might take several weeks for your toe to get better. You don't understand why you are having another attack of gout.

OET SEPTEMBER 2014

CANDIDATE CARD NO. 5

MEDICINE

SETTING

Suburban Clinic

DOCTOR

A 47-year-old presents with an attack of gout (intense pain, swelling and inflammation in the joint of his/her right big toe). The attack seems much worse than two previous attacks. This time, the patient has taken aspirin for the pain but the pain is getting worse. The patient is seeking your advice on how to relieve the pain. He/she has little knowledge about gout.

TASK

- Explain gout to the patient (build up of uric acid leading to crystallising).
- Advise on appropriate pain relief (avoid aspirin) and medical preventive treatment (allopurinol).
- Tell the patient that it might take several weeks to get better.
- Reassure the patient that recurrent attacks are common but can be prevented.
- Educate the patient on how to reduce the frequency of attacks (e.g., modify diet, reduce alcohol consumption, lose weight, etc.).

OET SEPTEMBER 2015

ROLEPLAYER CARD NO. 4**MEDICINE****SETTING** Suburban Medical Clinic

PATIENT You are a 52-year-old smoker. Over the last six months, you have experienced occasions of breathlessness and chest pain on exertion. You are worried about the pain because your father died of a heart attack at 53.

- TASK**
- Briefly explain the chest pain: a heavy, central discomfort that sometimes occurs when walking your dog up a steep hill close to your house, and seems to be happening more often. The pain settles after a few minutes of rest.
 - State that you are worried about having a heart attack.
 - Seek the doctor's advice on doing physical activities.
 - Get upset when the doctor advises you to stop smoking. You understand why it is important but you have failed many times before to stop smoking.

OET SEPTEMBER 2015

CANDIDATE CARD NO. 4**MEDICINE****SETTING** Suburban Medical Clinic

DOCTOR Your patient is a 52-year-old smoker. Over the last six months, he/she has experienced occasions of breathlessness and chest pain on exertion. You diagnose angina after asking about the type of pain.

- TASK**
- Ask the patient to describe the pain.
 - Explain your diagnosis: angina (reduced blood/oxygen supply to the heart) and reassure the patient that the condition can be effectively managed.
 - Explain the need to assess other risk factors – fasting glucose, cholesterol, BP – and recommend an immediate assessment by a cardiologist.
 - Caution against strenuous exercise.
 - Stress the importance of smoking cessation. Offer to discuss ways of helping the patient to quit smoking.

OET SEPTEMBER 2015

ROLEPLAYER CARD NO. 5**MEDICINE****SETTING**

Clinic

PATIENT

You are a 34-year-old dancer who has had a Baker's cyst (a cyst on the back of the knee) for a few months. At the time of diagnosis, you and the doctor decided to keep it under observation. A few months have passed and you are convinced it is larger although there are no new symptoms. You are at your planned review consultation with your doctor.

TASK

- Tell the doctor that you think your cyst looks larger. As a dancer it matters how you look and perform.
- Answer the doctor's questions about your new symptoms.
- Explain that you have a busy performance schedule coming up and want to be sure that the cyst won't grow any more. You are following the recommended treatment (i.e. physio, ice, supportive footwear, etc.) and it isn't working. You want to know all the options for treatment.
- Reluctantly agree to follow the doctor's advice.

OET SEPTEMBER 2015

CANDIDATE CARD NO. 5**MEDICINE****SETTING**

Clinic

DOCTOR

Your 34-year-old patient, a dancer, has had a Baker's cyst (a popliteal cyst on the back of the knee) for a few months. At the first presentation you decided to observe it. You are now reviewing the patient who believes the cyst is increasing in size. However, you have measured the cyst and determined that it has not increased.

TASK

- Ask the patient about possible new symptoms (e.g., pain, reduced movement, etc.).
- Explain that you want to continue to observe the cyst (e.g., no symptoms or enlargement, etc.). Encourage the patient to continue with the current treatment (i.e., physio, ice, supportive footwear, etc.).
- Discuss possible future treatment (e.g., review by a sports physician, orthopaedic surgeon and a knee arthroscopy to evaluate/treat underlying injury or degenerative change, etc.).
- Suggest another review in three months.

ROLEPLAYER CARD NO. 4**MEDICINE****SETTING**

Suburban Clinic

PATIENT

You are 54 years old with advancing motor neurone disease. Your son wants to become your enduring medical power of attorney (MPOA), someone who makes medical treatment decisions for you should you lose the capacity to make those decisions yourself. You have never been very close to your son who lives interstate (your spouse died three years ago). You feel under pressure and seek advice from your doctor on appointing a medical power of attorney.

TASK

- Ask for the doctor's advice: "Is it necessary that I appoint a medical power of attorney?"
- Tell the doctor you think your son will appoint himself as your medical power of attorney without your consent, as your mental health declines. This is making you anxious.
- Express concern that your son might arrange euthanasia or refuse palliative care for you.

CANDIDATE CARD NO. 4**MEDICINE****SETTING**

Suburban Clinic

DOCTOR

Your patient is a 54-year-old widow/er with advancing motor neurone disease. The son wants to become your patient's enduring medical power of attorney (MPOA), someone who makes medical treatment decisions for a person should that person lose the capacity to make those decisions. Your patient is not close to his/her son, feels pressure to appoint him as MPOA, and wants advice.

TASK

- Explain that it is not necessary to appoint a MPOA and he/she can appoint someone other than his/her son.
- Provide reassurance – no one can appoint themselves as MPOA for another person. The patient must have the capacity to understand the implications and consequences of appointing MPOA (otherwise it is not legally valid).
- Reassure the patient that he/she will be supported during illness (MPOA cannot arrange euthanasia or refuse palliative care).
- Offer to prepare an advance care plan for the patient so he/she can document his/her end of life choices; ensure he/she has a will.

ROLEPLAYER CARD NO. 4**MEDICINE**

SETTING Emergency Department

PATIENT You are 50 years old and were lifting weights at the gymnasium this morning when you dropped a 20kg weight on your left foot. You have come to the Emergency Department to have your foot treated and to get a cast put on it as you are sure you have broken it. You are experiencing a lot of pain.

- TASK**
- Explain that you lift weights every day but today you became distracted and dropped a weight on your foot.
 - Stress that your whole foot hurts – not just your little toe – and demand that a cast be fitted.
 - Become frustrated and insist that rest and elevation is not enough to heal your foot – you believe that a cast will support its rehabilitation.
 - Ask what can be done for your foot if a cast is not appropriate.
 - Eventually accept the doctor's suggestion of a splint and ask what you can do about the pain.

CANDIDATE CARD NO. 4**MEDICINE**

SETTING Emergency Department

DOCTOR You are speaking to a 50-year-old who dropped a 20kg weight on his/her left foot this morning when he/she was lifting weights at the gymnasium. He/she has come to the Emergency Department to have the foot treated and to get a cast as he/she thinks it is broken. On examination you confirm that only the little toe is broken.

- TASK**
- Explain that the little toe is broken but should heal by itself with proper care (e.g., elevation, ice, rest, avoid putting weight on it, etc.).
 - Explain that a cast will not help the toe to heal and will cause difficulties with mobility.
 - Stress that fitting a cast will cause atrophy of other muscles in the leg making rehabilitation more difficult.
 - Persuade the patient that a splint on the toe would be more beneficial than a cast.
 - Recommend paracetamol for pain relief and wearing sturdy shoes until the toe heals (in about 6 weeks).

OET OCTOBER 2015

ROLEPLAYER CARD NO. 2**MEDICINE****SETTING**

Emergency Department of a Large Metropolitan Hospital

PARENT

You are the parent of a four-year-old boy who presented two hours ago to the Emergency Department (ED) with a 36-hour history of recurrent vomiting and stomach pain. The boy's vomit consisted of mainly clear slightly bile-stained fluid, with no sign of blood. He felt thirsty and wanted to drink water but was not able to keep any down. The doctor told you that your son had viral gastroenteritis. He was kept in for two hours on oral re-hydration fluids and now the doctor tells you that it is safe for him to return home. You are anxious and confused about his condition.

TASK

- Seek an explanation of viral gastroenteritis ('How did my son get this? Is it infectious?').
- Your son looks very weak. Demand that the doctor hospitalise him for expert care.
- You are worried about supporting your son's recovery at home. Seek reassurance that he will improve if he returns home. Ask 'Will my son be safe?'

OET OCTOBER 2015

CANDIDATE CARD NO. 2**MEDICINE****SETTING**

Emergency Department of a Large Metropolitan Hospital

DOCTOR

A parent presented two hours ago at the Emergency Department (ED) with his/her four-year-old son. The boy has a 36-hour history of recurrent vomiting and stomach pain. On presentation, the boy's vomit consisted of clear slightly bile-stained fluid, with no blood. He felt thirsty but was unable to keep anything down. You suspect viral gastroenteritis. He was given oral re-hydration fluids and observed for two hours and now you tell the parent that it is safe to discharge him. The parent becomes anxious.

TASK

- Respond to the parent's questions. Explain viral gastroenteritis (e.g., an irritation of stomach or intestines due to infection with a virus, etc.).
- Explain that oral re-hydration therapy is usually effective without the need for hospitalisation.
- Convince the parent that it is safe to take his/her son home but to seek medical advice if he shows signs of severe dehydration (e.g., rapid heartbeat and breathing, weak pulse, etc.).

OET MARCH 2014

ROLEPLAYER CARD NO. 1

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are middle-aged and overweight. You have noticed a bitter taste in your mouth, which is worse on waking in the morning and is accompanied by a burning sensation in the back of the throat. You have also noticed it is worse during your morning walk after breakfast. Sometimes there is a bit of regurgitation of food. You smoke 5-10 cigarettes a day, drink several cups of coffee, and have two glasses of wine with dinner. You also have a slight cough when you speak.

TASK

- Find out what is causing these symptoms.
- When the doctor mentions reflux, become alarmed. You have heard that it can lead to a serious pre-cancerous condition.
- Find out how it can be treated.
- Do not accept the doctor's recommendations. You feel he/she is not taking this seriously enough and you want to see a specialist. Be insistent.
- Reluctantly accept the doctor's advice.

OET MARCH 2014

CANDIDATE CARD NO. 1

MEDICINE

SETTING

Suburban Clinic

DOCTOR

A middle-aged patient has come in complaining of a bitter taste in his/her mouth, which is worse on waking and accompanied by a burning sensation in the back of the throat. He/she is overweight, and you notice a slight cough when he/she speaks. You diagnose GORD (gastro-oesophageal reflux disease).

TASK

- Check if the patient has difficulty swallowing.
- Tell the patient your diagnosis (GORD) and explain the causes (e.g., alcohol use, being overweight, smoking, bad posture).
- Outline dietary and lifestyle measures that can help in controlling it (e.g., weight management - foods to avoid; meals - little and often and not within three hours of bed; lifestyle - smoking, alcohol, elevation of head of bed, avoidance of exercise straight after meal).
- Advise on the treatment strategy: ranitidine (H2 antagonist) then review.
- Reassure the patient. You do not feel a referral for an endoscopy is warranted at this stage. It may be worthwhile later if there is limited response to ranitidine.

SETTING

Emergency Department

PATIENT

You are a 26-year-old student who recently returned from an overseas vacation. You have felt as though you have had flu symptoms for a couple of days, but have not had a sore throat or cough. Your friend believes you may have malaria and has convinced you to present to the Emergency Department (ED) to be assessed.

TASK

- Answer the doctor's questions: you have just been on a three-week trip to a tropical area and returned three days ago; you were bitten by many mosquitos.
- Tell the doctor that you have had some flu-like symptoms (slight temperature, headaches, joint aches but no rash) for a few days and always feel worse by the end of the day.
- Express concern that you will have to spend more time in the ED. Explain that you have several work and study commitments and don't have time to be sick.
- Reluctantly agree to stay in the ED and have some blood tests to exclude other diseases, and agree to outpatient follow-up with a general practitioner (GP).

SETTING

Emergency Department

DOCTOR

Your patient is a 26-year-old student who returned from an overseas vacation recently. The patient has felt as though he/she has had flu symptoms for a couple of days, but has not had a sore throat or cough. His/her friend has convinced the student to present to the Emergency Department (ED) to be assessed for malaria.

TASK

- Ask the patient about travel in the past two weeks, and ask about mosquito exposure.
- Find out about the symptoms (e.g., temperature, headaches, joint aches, rash, etc.).
- Discuss possible diagnoses (e.g., malaria, dengue fever, etc.) but explain that it is probably a non-specific viral disease.
- Reassure the patient that there is no need for admission to the ED but suggest some basic blood tests in the ED and follow-up with the patient's general practitioner (GP).
- Persuade the patient to stay in the ED now for blood tests.

OET SEPTEMBER 2014

ROLEPLAYER CARD NO. 1

MEDICINE

SETTING

Intensive Care Unit at Children's Hospital

PATIENT

You are the parent of a 3-year-old girl who is currently being treated in the ICU for anaphylactic shock after an emergency admission yesterday. Your daughter suddenly became ill at a children's birthday party. She seems to be out of danger today; you want to find out more about what caused the problem and what can be done to prevent (or treat) it in future. Yesterday you were panicky, but today you are calmer, although still feeling rather upset.

TASK

- Ask the doctor for an interpretation of the situation. Include the following questions.
 - Is your daughter going to be all right?
 - Did something she ate or drank at the party cause her illness?
 - If so, how can you tell what caused the symptoms?
 - Is this an allergic reaction? What does this mean?
 - Will she always have this problem?
 - How can you avoid this situation in future (at kindergarten, staying with friends/family, at home)?
 - If it happens again, what should you do?

OET SEPTEMBER 2014

CANDIDATE CARD NO. 1

MEDICINE

SETTING

Intensive Care Unit at Children's Hospital

DOCTOR

The parent of a 3-year-old girl is seeking advice and a diagnosis (prior to the receipt of full test results) following the emergency admission of his/her daughter yesterday. She was suffering from anaphylactic shock, almost certainly as a result of a food allergy. She is currently recovering after the subcutaneous administration of adrenaline. The parent appears calm.

TASK

- Be sympathetic and reassuring.
- Include the following information in your response to his/her questions:
 - symptoms could have been caused by food/drink at party.
 - confirmation of allergen to be done by administration of diagnostic tests.
 - explanation of allergy: i.e., immune response (non-toxic substance treated as toxic by immune system), sometimes life-threatening.
 - outlook: many children outgrow allergies.
 - future prevention: avoid allergen (when identified); inform supervising adults of problem/causes/dangers.
 - treatment of possible future episodes: adrenaline (using EpiPen autoinjector), immediate medical attention.

OET MARCH 2014

ROLEPLAYER CARD NO. 4

MEDICINE

SETTING

Community Health Centre

PATIENT

You are 25. You have an outbreak of ulcers on your tongue which started last night. You have suffered from these on and off since you were a child, including several attacks in recent months. Usually they clear up after a few days. Six months ago you started working as a salesperson. It is a high-pressure job. You need to talk a lot and often entertain clients. The mouth ulcers really bother you when speaking, eating or drinking. You feel irritable with them and you are also worried that your work is being affected. You are generally well.

TASK

- Answer the doctor's questions about your general health.
- Ask for something to clear up your ulcers within 24 hours (you have to speak at an important meeting tomorrow).
- Insist on something more effective than antiseptic gel from the pharmacy - it never helps much.
- Try to find out what causes the ulcers and how to stop them from recurring.

OET MARCH 2014

CANDIDATE CARD NO. 4

MEDICINE

SETTING

Community Health Centre

DOCTOR

The patient, aged 25, presents with tiny, off-white ulcers on the tongue. On examination, the patient clearly has good dental hygiene.

TASK

- Question the patient to exclude diabetes mellitus and inflammatory bowel disease as underlying conditions, and herpes simplex as a cause (fever symptoms?).
- You suspect aphthous ulcers (no known cause, but some research suggests an immune reaction - could be related to stress, hormones, virus or allergy).
- Recommend a blood test to check for infection.
- Discuss management of the symptoms (rinse with warm, salty water or medicated mouthwash, apply antiseptic gel, take paracetamol, have plenty of fluids, avoid spicy and sour foods).
- The ulcers will resolve by themselves in a few days.
- Offer to prescribe an anti-inflammatory drug if pain persists.
- Advise the patient on a healthy lifestyle.

OET SEPTEMBER 2015

ROLEPLAYER CARD NO. 3**MEDICINE****SETTING**

Suburban Clinic

CARER

You have brought your nine-year-old daughter in to see the doctor. She had her tonsils removed a week ago and was given oxycodone for pain relief. As she has been in considerable pain, she has been taking it frequently. Now she has been constipated for five consecutive days. She has no history of severe constipation. You have come to see what can be done about the constipation.

TASK

- Find out what is causing the constipation and what can be done about it.
- Ask whether this type of pain-killer (oxycodone) should be avoided in future.
- Argue that your daughter wouldn't need so much pain medication if she wasn't in so much pain.
- Ask if gargling with salt water is helpful.
- Ask if it would be good for your daughter to eat ice-cream.

OET SEPTEMBER 2015

CANDIDATE CARD NO. 3**MEDICINE****SETTING**

Suburban Clinic

DOCTOR

A parent has brought in his/her nine-year-old daughter who underwent a tonsillectomy a week ago. The daughter has been using oxycodone quite liberally for post-operative pain, and is now suffering severe constipation. The child has no history of severe constipation and you have already examined the child.

TASK

- Explain the link between the oxycodone and the daughter's symptoms.
- Outline effective measures for resolving the constipation and recommend alternative pain relief.
- Discuss whether the parent should avoid giving oxycodone to his/her daughter in the future (e.g., side effects are common but usually mild and short-lived, etc.).
- Persuade the parent to be less liberal with the pain medication (e.g., tonsillectomy pain usually improves after first few days, etc.).
- Answer questions about the benefits of ice-cream (e.g., eating normally helps the throat to heal, etc.) and salt water gargles (e.g., can relieve a sore throat, important not to swallow, etc.).

OET SEPTEMBER 2015

ROLEPLAYER CARD NO. 2**MEDICINE****SETTING**

General Practice Surgery

CARER

You are the parent of a six-year-old boy. He has had a sore throat and a fever for two days. This morning you noticed some blood in his urine. At the surgery, your son has provided a urine sample for testing. You are anxious because the condition seems to be more than just a sore throat. You are opposed to the use of antibiotics for childhood infections.

TASK

- Ask for the results of the urine test.
- Express your concern about the blood in your son's urine. Find out if he might have a kidney problem.
- Resist giving your child the prescribed antibiotics, as you cannot see the connection between the throat infection and the blood in the urine.
- Ask for an explanation of why this is required. Eventually agree to using the medication, as the situation appears to warrant it.
- Find out what are the next steps to take.

OET SEPTEMBER 2015

CANDIDATE CARD NO. 2**MEDICINE****SETTING**

General Practice Surgery

DOCTOR

You are talking to a parent of a six-year-old boy who has had a sore throat and fever for two days. The parent noticed blood in the boy's urine this morning. The boy looks unwell and has a temperature of 38.5°C. His throat is swollen and red and there is exudate on the tonsils. A full ward test confirms blood in the urine. You diagnose bacterial tonsillitis with kidney involvement (poststreptococcal glomerulonephritis).

TASK

- Explain to the parent the results of the urine test and the diagnosis.
- Explain that the child requires further investigation and an urgent appointment with a paediatrician.
- Explain that you would like to start a course of antibiotics (penicillin).
- Address the parent's concerns about the use of antibiotics for a 'simple' throat infection by explaining the connection between the infection and the blood in the urine (e.g., the body produces extra antibodies to fight the infection, and these settle in the kidneys causing inflammation, etc.).
- Answer the parent's questions about the next steps in the treatment of his/her son (e.g., refer to a paediatrician to monitor urine and blood pressure and make sure recovery is complete, etc.).

OET SEPTEMBER 2015

ROLEPLAYER CARD NO. 1**MEDICINE****SETTING**

Suburban Medical Clinic

CARER

You suspect that your 16-year-old son is taking drugs (you found drug-taking equipment for marijuana hidden in his room). You're very worried. He is unwilling to see counsellors and denies that a problem exists. You are desperate for the doctor to provide a solution.

TASK

- Introduce the situation: your son stays in his room and sleeps whole days at a time; he often feels too sick to attend classes; he has lost weight.
- Answer questions about your son's social behaviour: he has changed from being a social, lively person to a bit of a loner; he doesn't have any close friends any more and has become more and more withdrawn.
- Find out what the doctor recommends doing to help your son.
- Find out how marijuana can affect young people.

OET SEPTEMBER 2015

CANDIDATE CARD NO. 1**MEDICINE****SETTING**

Suburban Medical Clinic

DOCTOR

Your patient has come to see you about his/her 16-year-old son whom he/she suspects is taking illegal drugs. The boy is not present.

TASK

- Ask questions to establish why the parent thinks that his/her son is taking drugs.
- Find out more about the boy (his lifestyle, friendship group, studies, etc.).
- Find out what your patient would like you to do. Ask whether it would be possible for the boy to come to see you in person.
- Suggest referring the boy to an adolescent psychologist for assessment and appropriate treatment.
- Explain to the parent some of the possible effects of marijuana (e.g., can affect alertness, concentration, coordination, etc.).

OET AUGUST 2015

ROLEPLAYER CARD NO. 5

MEDICINE

SETTING

Private Medical Practice

CARER

You have come to the doctor about toilet training your three-and-a-half-year-old son. You have two older children who had no problems with toilet training but your youngest has not been successful. You are worried this may be a symptom of a more serious condition.

TASK

- Explain why you have come to see the doctor.
- Admit that your son has no other symptoms and seems healthy and otherwise normal.
- Remind the doctor that you did not have the same problems with your other children and ask if something else could be wrong.
- Tell the doctor you have been using verbal encouragement and putting your son on the toilet at regular times of the day, as that is what worked with your other children.
- Express concern that your son will not be toilet trained when he goes to kindergarten next year.

OET AUGUST 2015

CANDIDATE CARD NO. 5

MEDICINE

SETTING

Private Medical Practice

DOCTOR

You are speaking to a parent of a three-and-a-half-year-old boy. The parent has two older children who had no problems with toilet training but the youngest has not been successful. He/she is worried this may be a symptom of a more serious condition.

TASK

- Explain to the parent that his/her son is still young and encourage him/her to be patient (e.g., probably not quite ready yet, etc.).
- Ask if the boy has any other symptoms (e.g., irregular bowel movements, stomach pains, constipation, etc.).
- Reassure the parent that later toilet training is not abnormal and ask what techniques he/she has been using to toilet train the boy.
- Suggest some alternative techniques (e.g., a reward system, involving the older children, do not punish or nag the child, discuss toilet training with the child using books, videos, etc.).
- Reassure the parent that his/her son will pick up the necessary skills when he is ready.

ROLEPLAYER CARD NO. 6

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are the parent of a five-year-old girl, Linda. Linda has a barking cough, a fever and is sneezing. Yesterday the doctor diagnosed mild croup and recommended symptom relief, that you maintain observation and seek medical attention should symptoms worsen. You are very worried and have come to see the doctor again as you think she is getting worse.

TASK

- Describe your daughter's symptoms and your concern that she is getting worse.
- Ask about the possible side-effects from using steroids.
- Express concern about the possible side-effects.
- Demand an antibiotic for Linda, as you believe this will eliminate the infection and help her get better.
- Agree reluctantly to steroid treatment and to bring Linda back for review in 24 hours.

CANDIDATE CARD NO. 6

MEDICINE

SETTING

Suburban Clinic

DOCTOR

You are speaking to the parent of a five-year-old girl, Linda, who presents with a barking cough, sneeze and fever. Yesterday you diagnosed mild croup and recommended symptom relief and that the parent seeks medical attention should symptoms worsen. The parent has come to see you again today and is very worried that Linda's condition is getting worse.

TASK

- Ask about Linda's symptoms.
- Suggest steroid treatment.
- Explain the possible side-effects of the steroid treatment (e.g., suppression of the immune system, predisposition to infection, etc.).
- Reassure the patient that steroids are the best treatment for mild croup and give reasons why (e.g., antibiotic will not eliminate viral infection, etc.).
- Offer to review Linda's case in 24 hours.

ROLEPLAYER CARD NO. 5

MEDICINE

SETTING

Suburban Clinic

PATIENT

Your three-year-old son has just been stung by a bee while playing in the garden. Last year, your sister's child experienced a severe allergic reaction after being stung by a bee, requiring hospitalisation and emergency management. You have rushed down to the doctor's surgery, as you are extremely worried that your own son is at risk of developing anaphylaxis (a dangerous allergic reaction). Your son is developing a large red swelling on his arm and appears to be in a lot of pain.

ASK

- Request that the doctor organise for your son to be admitted to hospital for observation, just to be safe.
- Become upset when the doctor does not agree that your son needs hospitalisation. Ask: "How can you be sure that he will be alright?"
- Reluctantly agree to observe your son at home. Seek advice on home care.

CANDIDATE CARD NO. 5

MEDICINE

SETTING

Suburban Clinic

DOCTOR

A three-year-old boy has been stung by a bee. Last year, the boy's cousin experienced a severe allergic reaction after being stung by a bee, requiring hospitalisation and emergency management. The boy's parent has rushed down to your surgery, as he/she is extremely worried about the risk of developing anaphylaxis (a dangerous allergic reaction). The boy has a large red swelling on his arm and appears to be in a lot of pain.

ASK

- Gently refuse to organise for the child to be admitted to hospital.
- Reassure the parent (e.g., localised response; already half an hour after the sting and no signs of systemic illness – hives, wheezing, shortness of breath, faintness or weakness, etc.).
- Convince the parent to observe the son at home. Offer the following advice on care at home:
 - ice to soothe pain and reduce swelling.
 - clean the affected area to avoid infection.
 - treat itching with over-the-counter antihistamine (e.g., Benadryl).

ROLEPLAYER CARD NO. 5**MEDICINE****SETTING**

Suburban Medical Clinic

PATIENT

You have an appointment to see your local general practitioner to discuss an unusual symptom you have noticed in your eight-year-old daughter. Although your daughter seems well, blood has begun appearing in her urine. You are concerned, but not overly so, since you assume that there is some simple explanation.

TASK

- Explain to the doctor why you have come to see him/her.
- Tell the doctor that your daughter seems well, is energetic, has been eating well and has not had any infection lately.
- Ask whether this symptom is unusual, since you have not heard others talking about their children having it.
- Ask what this symptom could indicate.
- Become increasingly uneasy as the conversation progresses.

CANDIDATE CARD NO. 5**MEDICINE****SETTING**

Suburban Medical Clinic

DOCTOR

A parent comes in to ask about his/her eight-year-old daughter because he/she has noticed an unusual symptom. Although the child seems well, blood has started appearing in her urine. The parent is concerned, and becomes increasingly anxious as the consultation progresses.

TASK

- Ask the parent about his/her daughter's recent symptoms and general health.
- Respond to the parent's concerns. Include the following information:
 - Blood in the urine is not a usual symptom for a young child.
 - It may not be serious, but is worth investigating.
 - It is too soon to say what this symptom might indicate.
 - The child will have to have a blood test initially, to be performed immediately.
 - The results of the blood test will be available in 24 hours, and the patient should book another appointment as soon as possible to discuss them.
 - This symptom could indicate some problem with the child's kidney function.
- Be sympathetic and reassuring.

ROLEPLAYER CARD NO. 4**MEDICINE****SETTING**

Hospital Emergency Department

PATIENT

You are visiting Australia. You are quite upset because, about two hours ago, your five-year-old daughter was bitten on the face by a dog owned by the friends you are staying with. You washed the wound under cold running water and stopped the bleeding with a sterile dressing. If asked, you think your daughter had a tetanus vaccination last year.

TASK

- Answer the doctor's questions about the circumstances of the bite.
- Find out how the doctor is going to treat the wound.
- Be anxious about wound infection. Dogs eat filthy things.
- Be difficult (not impossible) to persuade that antibiotics are not needed.
- Find out how to care for the wound and how to recognise signs of infection.
- Be rather frustrated about the incident. You have no experience with dogs and your friends told you that their dog loved children.

OET AUGUST 2014**CANDIDATE CARD NO. 4****MEDICINE****SETTING**

Hospital Emergency Department

DOCTOR

The patient is a five-year-old girl. She and her family are in Australia visiting friends. She has a small, superficial dog bite wound on the side of the face, near the hair line. You are speaking to her parent.

TASK

- Calm the parent. Find out the circumstances of the bite and first aid given.
- After examination, reassure the parent that the wound needs only cleaning and closure, and explain how you will do this.
- Antibiotics are not necessary – low risk of infection (e.g., a recent wound, the face has an excellent blood supply, etc.).
- Check on the child's tetanus immunisation status and explain whether a booster is needed (NOTE: Australia is free of rabies).
- Advise the parent on care of the wound – recommend a review after 48 hours.
- Advise on the need for constant supervision of children near dogs.

OET Sample role-play

ROLEPLAYER CARD NO. 1

MEDICINE

SETTING

Suburban General Practice

CARER

You are the parent of a 10-month-old boy. You think your child is suffering from gastroenteritis. You're becoming very worried about the child. He has had diarrhoea for the last 24 hours (8-10 times in that period) and has also vomited twice. He is urinating regularly but is crying more than usual, has a fever and is coughing. He has apparent soreness in the nappy area.

TASK

- Answer the doctor's questions about the baby's condition.
- You are worried that the child is becoming dehydrated. Ask the doctor about this, and whether medication is appropriate.
- You're quite panicky, and not really listening to what the doctor is saying. Get the doctor to make things clearer for you (i.e., repeat, paraphrase, etc.).
- Also ask about what to feed the child, both now and later, when the diarrhoea has subsided. You are currently breastfeeding.

OET Sample role-play

CANDIDATE CARD NO. 1

MEDICINE

SETTING

Suburban General Practice

DOCTOR

The parent of a 10-month-old boy has come to see you. The child is suffering from gastroenteritis. The parent appears anxious. The child shows no evidence of dehydration. He is passing urine regularly, and is playing happily on the floor of your office.

TASK

- Ask for more details about the child's symptoms.
- Confirm the diagnosis of gastroenteritis and give a brief explanation (i.e., bowel infection, symptoms consistent with parent's description).
- Give advice and reassurance to the parent.
- Explain the inappropriateness of any medication other than Gastrolyte (or equivalent), a saline glucose solution.
- Advise the parent on suitable food intake (e.g., continue breastfeeding more frequently, child may refuse food initially, etc.).

ROLEPLAYER CARD NO. 3

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are a 49-year-old accountant, married with two teenage children. You presented three weeks ago with a one-month history of rectal bleeding, mild diarrhoea and 2kg weight loss. The doctor requested a colonoscopy and today you are returning for the results. Unfortunately, the doctor tells you that you have a tumour in the bowel wall and the biopsy confirms cancer. The doctor recommends urgent referral to a surgeon.

TASK

- Become stunned by the news. You cannot believe that you have cancer. How will you manage this?
- Tell the doctor that your aunt died five years ago of bowel cancer and you saw her suffer during chemotherapy. Make it clear you don't want chemo/radiotherapy.
- Express your concern about surgery: "Will I need a colostomy (stoma and bag)?"
- Seek reassurance that surgery will be beneficial: "Will surgery cure the cancer?"

CANDIDATE CARD NO. 3

MEDICINE

SETTING

Suburban Clinic

DOCTOR

Your patient is a 49-year-old accountant, married with two children. He/she presented three weeks ago with a one-month history of rectal bleeding, diarrhoea and 2kg weight loss. You requested a colonoscopy and today the patient is returning for the results. Unfortunately, the patient has a tumour in the descending colon and the biopsy result confirms cancer.

TASK

- Tell the patient the biopsy results (2cm tumour, confined to bowel wall) and recommend urgent referral to a surgeon.
- Explain that management of the illness after surgery may include chemo/radiotherapy, depending on the spread of the tumour (but only with patient's consent).
- Explain that a colostomy is unlikely as the tumour is confined to descending colon.
- Encourage the patient to be optimistic about surgery (e.g., success rates are usually high; biopsy indicates that tumour is limited to bowel wall).

OET AUGUST 2015

ROLEPLAYER CARD NO. 2**MEDICINE****SETTING**

Private Practice

PATIENT

You are a 55-year-old aged care assistant. You injured your right elbow when you were helping an overweight man out of his chair and he fell heavily onto you. Your doctor is explaining your X-ray results to you.

TASK

- Ask the doctor to explain the X-ray results.
- Find out how long the injury will take to heal. Explain that you have a family to support and you want to return to your regular duties as soon as possible.
- Become upset at the idea of taking time off work. You don't think that you can afford to do this.
- Be persuaded to return gradually to full duties via alternative duties (e.g., office work, mentoring new staff, etc.).
- Accept the doctor's recommendation to take time off work and a prescription for analgesics. Agree to visit again in two weeks.

OET AUGUST 2015

CANDIDATE CARD NO. 2**MEDICINE****SETTING**

Private Practice

DOCTOR

Your patient is a 55-year-old aged care assistant. The patient injured his/her right elbow while helping an overweight man out of his chair when the man fell onto him/her. Your patient is returning for the results of the X-ray.

TASK

- Explain that the results show an undisplaced fracture of the olecranon (e.g., tip of the ulna, one of the forearm bones, etc.).
- Persuade the patient to take some time off work (e.g., two weeks of full rest followed by a gradual return to work, initially performing alternative duties, etc.).
- Sympathise with the patient but stress the need for rest.
- Highlight that the treatment will involve pain minimisation and immobilisation (e.g., sling, splint, analgesic, rest, etc.).
- Offer to arrange a doctor's certificate, some analgesics, and a review with an X-ray in two weeks.

OET OCTOBER 2015

ROLEPLAYER CARD NO. 6**MEDICINE****SETTING**

Clinic

PATIENT

You are an 88-year-old who lives independently. You have just received the results of tests performed on a urine sample which shows that you have a urinary tract infection (UTI). You have had several UTIs recently. You are worried about the recurrence and are discussing this with your doctor.

TASK

- Explain that you are sick of UTIs and want to take more precautions.
- Tell the doctor that you eat well, with plenty of fresh fruit and vegetables. You drink about two glasses of water and two coffees a day. You are otherwise fit, healthy and very active; you walk for 15-30 minutes each day.
- Find out what treatment the doctor suggests.
- Seek reassurance that the suggested treatment will stop the infections recurring.

OET OCTOBER 2015

CANDIDATE CARD NO. 6**MEDICINE****SETTING**

Clinic

DOCTOR

You are consulting an 88-year-old who lives independently. You have just given the results from a urine sample. The patient has a urinary tract infection (UTI) and has had several proven UTIs recently. The patient is concerned about the recurrence and you are discussing some precautions. His/her general health is good otherwise.

TASK

- Find out about the patient's diet, fluids, and exercise.
- Congratulate the patient on his/her healthy lifestyle. Highlight that good hygiene is also important and educate the patient on 'double voiding' (e.g., emptying bladder, waiting a moment then trying to empty again, etc.).
- Suggest treatment with antibiotics (e.g., prescription for trimethoprim 300 mg/day for three days, three month course of low dose nitrofurantoin, etc.).
- Reassure the patient that with dedication and patience you expect to be able to resolve the current UTI issues.

ROLEPLAYER CARD NO. 6**MEDICINE****SETTING**

Suburban Medical Clinic

PATIENT

You have an appointment to receive the results of an ultrasound carried out on your 8-year-old daughter. Your doctor was concerned about your daughter's right kidney when he/she examined her abdomen yesterday. She has had vague abdominal pains for several weeks, and the prolonged nature of her symptoms, rather than their severity, had led you to bring her to the doctor. When the doctor tells you that the ultrasound shows your daughter has kidney cancer, you feel numb, but try to think of questions to ask.

TASK

- Greet the doctor politely and ask the following questions:
 - What did the ultrasound show?
 - What does this mean? How common is this cancer? What is its prognosis?
 - Who will co-ordinate the treatment plan?
 - Does the doctor have any suggestions about specialists?

CANDIDATE CARD NO. 6**MEDICINE****SETTING**

Suburban Medical Clinic

DOCTOR

You are working at a suburban medical clinic. A parent has returned to receive results of an ultrasound performed by his/her 8-year-old daughter yesterday. The child had presented with vague abdominal pains of several weeks' duration and on examination you felt a right loin mass, which is why you ordered the ultrasound. The ultrasound shows that the child has Wilms' tumour (kidney cancer) and needs to be seen by a specialist urgently.

TASK

- Be sympathetic and reassuring to the parent. Give him/her the following information:
 - The results have been received and the news is not good.
 - They indicate that the child has kidney cancer (Wilms' tumour).
 - This form of kidney cancer is the most common seen in children, and can be effectively treated in most cases, with a good prognosis.
 - The child needs to see a specialist (paediatric oncologist) as soon as possible to devise a treatment plan.
 - Tell the parent you will arrange an appointment with a specialist straight away.

ROLEPLAYER CARD NO. 2**MEDICINE****SETTING**

General Practice

PATIENT

You are an 18-year-old basketball player. You had a sudden severe pain at the front of your left knee during practice. An ice pack was applied and you were driven to the surgery by the team coach. Your knee is swelling and becoming very painful especially if you try to walk or put your weight on it. You have been experiencing pain in your knee for the last few days especially when you run or play sport. You don't remember injuring yourself, though your knee has been making a clicking/popping sound and sometimes locks. You want to play on the weekend.

TASK

- Explain your current symptoms. Explain that you think the problem is just 'growing pains'.
- Ask the doctor to fix your knee so that you will be able to play in the competition.
- Ask for a spray to numb the pain and for painkillers.
- Try to convince the doctor that you will recover quickly because you are young and fit.
- Be insistent as you want to play on the weekend, but eventually agree to follow the doctor's advice.

CANDIDATE CARD NO. 2**MEDICINE****SETTING**

General Practice

DOCTOR

You have just examined the patient, an 18-year-old basketball player who has been brought to your surgery today by the team coach because of severe left knee pain. You diagnose a meniscus tear (torn cartilage).

TASK

- Take a brief history from the patient.
- Explain the likely diagnosis of a meniscus tear in a way that he/she will understand.
- Discuss immediate treatment (e.g., RICER regime – Rest, Ice, Compress, Elevation and Referral to physiotherapist).
- Explain why pain medication is not effective on its own.
- Explain why you are referring the patient to a physiotherapist (e.g., appropriate exercise plan, recovery strategy, specific treatments, etc.).
- Advise why he/she must not play sport until the pain has resolved and explain what the consequences of ignoring this advice could be.

ROLEPLAYER CARD NO. 3

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are a 49-year-old accountant, married with two teenage children. You presented three weeks ago with a one-month history of rectal bleeding, mild diarrhoea and 2kg weight loss. The doctor requested a colonoscopy and today you are returning for the results. Unfortunately, the doctor tells you that you have a tumour in the bowel wall and the biopsy confirms cancer. The doctor recommends urgent referral to a surgeon.

TASK

- Become stunned by the news. You cannot believe that you have cancer. How will you manage this?
- Tell the doctor that your aunt died five years ago of bowel cancer and you saw her suffer during chemotherapy. Make it clear you don't want chemo/radiotherapy.
- Express your concern about surgery: "Will I need a colostomy (stoma and bag)?"
- Seek reassurance that surgery will be beneficial: "Will surgery cure the cancer?"

CANDIDATE CARD NO. 3

MEDICINE

SETTING

Suburban Clinic

DOCTOR

Your patient is a 49-year-old accountant, married with two children. He/she presented three weeks ago with a one-month history of rectal bleeding, diarrhoea and 2kg weight loss. You requested a colonoscopy and today the patient is returning for the results. Unfortunately, the patient has a tumour in the descending colon and the biopsy result confirms cancer.

TASK

- Tell the patient the biopsy results (2cm tumour, confined to bowel wall) and recommend urgent referral to a surgeon.
- Explain that management of the illness after surgery may include chemo/radiotherapy, depending on the spread of the tumour (but only with patient's consent).
- Explain that a colostomy is unlikely as the tumour is confined to descending colon.
- Encourage the patient to be optimistic about surgery (e.g., success rates are usually high; biopsy indicates that tumour is limited to bowel wall).

OET OCTOBER 2015

ROLEPLAYER CARD NO. 5**MEDICINE****SETTING**

Clinic

PATIENT

You are 29 years old and have a tender spot in your lower back; especially when sitting. Recently, you have been doing an increased number of sit-ups and also training three times weekly for a rowing competition. You wish to discuss the matter with your doctor.

TASK

- Explain that you have a dull pain, like a bruise, in your lower back and that it is worse when sitting.
- When asked, describe how you have been training harder recently. For six weeks you have been training for a rowing competition, and this involves sit-ups, leg raises and using a rowing machine.
- Find out what treatment the doctor recommends.
- Express dissatisfaction with the doctor's recommendations. You can't reduce your training before the competition, and you are too busy to see a physio.
- Reluctantly agree to follow the doctor's recommendations.

OET OCTOBER 2015

CANDIDATE CARD NO. 5**MEDICINE****SETTING**

Clinic

DOCTOR

Your patient is a 29-year-old with a tender spot in the lower spine, especially when sitting down. Recently, he/she has been doing increased training three times weekly for a rowing competition. The patient has come to discuss this with you as the local doctor.

TASK

- Find out about the patient's pain.
- Find out about any recent changes in habits (e.g., at work, leisure time, sport, etc.).
- Discuss the likely causes of the patient's lower back pain (e.g., injury caused by overuse of joints and muscles, can be caused by increasing exercise, etc.).
- Give suggestions for treatment (e.g., reduce the exercise regime, consult a physiotherapist, return for further investigation if symptoms persist for more than a month, etc.).
- Persuade the patient to follow your recommendations (e.g., it is important to rest from the activity that caused the overuse injury, a physiotherapist can help design a well-balanced training programme, etc.).

OET AUGUST 2015

ROLEPLAYER CARD NO. 6

MEDICINE

SETTING

Private Medical Clinic

PATIENT

You are a 40-year-old office worker and have come to the doctor because you fainted on the train yesterday. You feel that you are healthy (though you eat mainly a vegan diet) and believe that you only fainted because the train was hot and crowded. However, your spouse insisted that you see the doctor.

TASK

- Tell the doctor that you were unconscious for only a few seconds when you fainted. You experienced no other symptoms.
- Explain that you are very healthy and eat mainly a vegan diet (no dairy or meat). You work very hard but find time to exercise every day (e.g., walking for one hour, etc.).
- Answer the doctor's questions: you often feel tired and irritable, and occasionally suffer from diarrhoea but have no other symptoms.
- Refuse to accept the doctor's diagnosis of malnutrition. Remind the doctor that you eat mainly fresh fruit and vegetables.
- Reluctantly agree to blood tests.
- Agree to increase the protein in your diet and return for a review in two weeks.

OET AUGUST 2015

CANDIDATE CARD NO. 6

MEDICINE

SETTING

Private Medical Clinic

DOCTOR

You are speaking to a 40-year-old office worker who fainted on the train yesterday. The patient thinks that he/she fainted because the train was hot and crowded but the patient's spouse insisted that he/she come to see you. The patient eats mainly a vegan diet (no dairy or meat). You suspect arrhythmia, which is a common symptom of malnutrition where there may be an electrolyte imbalance.

TASK

- Ask the patient to explain what happened when he/she fainted.
- Ask about his/her lifestyle (e.g., diet, work, exercise, etc.).
- Ask about other symptoms (e.g., fatigue, irritability, diarrhoea, palpitations, tongue biting, loss of bowel and bladder control, etc.).
- Explain your suspected diagnosis (arrhythmia, malnutrition) to the patient.
- Persuade the patient to take blood tests to exclude iron deficiency anaemia and to check that other electrolytes are within normal limits.
- Encourage the patient to increase protein in his/her diet (e.g., meat, tofu, nuts, etc.) and return for a review in two weeks.

OET OCTOBER 2015

ROLEPLAYER CARD NO. 3

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are 50 years old and concerned about your health. Cardiovascular illness runs in your family. Last month, your 61-year-old sister had a heart attack. A recent medical check-up confirms that you have moderately elevated cholesterol and blood pressure. Your sister's heart attack concerns you and you are desperate to avoid a similar event. You seek your doctor's advice on how to avoid having a heart attack.

TASK

- Explain that you are worried about your family history of heart attack.
- Become upset when the doctor strongly recommends that you take medication to help reduce the risk of cardiac disease and death. You have never before required long-term medication and you are worried about side effects.
- You would prefer to attempt lifestyle management of illness and want advice on appropriate exercise and diet.
- Be reluctant to accept the doctor's recommendation that you commence medication.

OET OCTOBER 2015

CANDIDATE CARD NO. 3

MEDICINE

SETTING

Suburban Clinic

DOCTOR

Your 50-year-old patient is concerned about his/her health. Cardiovascular illness runs in the family. The patient's 61-year-old sister recently had a heart attack. The patient's medical check-up confirms that he/she has moderately elevated cholesterol and blood pressure. The sister's recent heart attack concerns the patient, who is desperate to avoid a similar event. He/she seeks your advice on how to avoid having a heart attack.

TASK

- Find out about the patient's concerns.
- Strongly recommend that the patient commence medication (e.g., beta-blockers) to reduce the risk of cardiac disease and death.
- Reassure the patient about identifying and managing side effects (e.g., the patient has no contraindication for beta-blockers; common side effects can usually be managed with dose adjustments or suitable alternative medication, etc.).
- Convince the patient that while lifestyle management remains crucial, medication is necessary for reducing the risk of cardiac disease and death.

ROLEPLAYER CARD NO. 4

MEDICINE

SETTING

24-hour Clinic

PATIENT

You are elderly. You woke up this morning with severe pain in your back (right side) just below the rib cage. You rubbed some antispasmodic cream into the muscles but it did not seem to help. You now suspect appendicitis. You present to a 24-hour clinic, where the doctor takes a urine specimen and insists on calling for an ambulance.

TASK

- Try to persuade the doctor to treat you in the clinic. You are terrified of hospitals as you believe people always get worse or die when they get admitted into hospital – you do not want to go to hospital at any cost.
- Find out why the doctor is so insistent on sending you to hospital. Find out what will happen if you don't go. You just want some pain relief.
- Ask for a detailed description of what is likely to happen in hospital: What will they do? How long will you be in there? Do you need surgery?
- Explain that you are allergic to penicillin and maybe also other medications you don't know about.
- Agree reluctantly to the doctor calling an ambulance.

CANDIDATE CARD NO. 4

MEDICINE

SETTING

24-hour Clinic

DOCTOR

An elderly patient has just presented with severe flank pain. He/she looks pale, and is walking with difficulty due to the pain. You take a urine specimen and discover blood in the urine. You suspect renal calculi (kidney stones).

TASK

- Advise the patient that he/she needs to go to hospital immediately.
- Explain the possible diagnosis and why hospital treatment is necessary (e.g., kidney stone may have moved into ureter, etc.).
- Explain what is likely to happen in the hospital (e.g., X-ray to find the position of the stone, laser treatment to break up the stone, open surgery very unlikely, etc.).
- Reassure the patient, who is terrified of hospitals and resistant to going, by answering his/her questions.
- Assure the patient that he/she will not be given penicillin.
- Gain permission to call an ambulance for him/her.

SETTING

General Practice Surgery

PATIENT

You are a 55-year-old overweight, unmarried clerk who was briefly hospitalised two months ago with high blood pressure. You have since had two visits from the community health nurse and one doctor's appointment, and each time your blood pressure was very high. You were prescribed a drug by your doctor a month ago, but you have not started the tablets yet as you do not like to rely on medication. You know that you need to control your weight and increase your exercise but you also believe that natural therapies will restore your health.

TASK

- You are reluctantly returning to the surgery today for a follow-up visit. You are feeling quite anxious.
- Admit that you have not started the medication and state your reasons.
- Be firm about your views and difficult to convince.
- Eventually agree to follow the treatment plan.

SETTING

General Practice Surgery

DOCTOR

This 55-year-old unmarried clerk is returning to your surgery today for a follow-up visit after a two-month period of hypertension for which he/she was briefly hospitalised. The patient is moderately overweight and inactive. His/her last two BP readings (taken by a community nurse) were 150/102 and 162/108. A prescription for atenolol (to treat hypertension) was issued one month ago. Today, on examination, you find that the patient's BP reading is 160/100.

TASK

- Explain your concern about the patient's condition and find out if he/she has been following the treatment plan.
- Talk over any concerns and encourage the patient to continue with the prescribed medication.
- Advise the patient of the dangers of not treating the hypertension.
- Convince the patient to start the medication immediately.

SETTING

Clinic

PATIENT

You are 50 years old and have come to enquire about a Boostrix vaccine. Your daughter is going to have a baby and she is encouraging you to get the vaccine, as she has heard that some illnesses can be fatal for infants. Your daughter believes that if you are vaccinated, it will help protect the baby from these illnesses. You think that your daughter is being overanxious and have come to discuss the matter with the doctor.

ASK

- State that your daughter would like you to have the Boostrix vaccine but you think she is being overanxious.
- Tell the doctor that you prefer not to have unnecessary injections, especially an injection of three dangerous diseases.
- Argue that you are not out in public very often and don't catch diseases. You don't think you are at any risk of diphtheria or tetanus.
- Reluctantly agree to return next week to have the Boostrix vaccine to protect your daughter's baby from whooping cough, diphtheria and tetanus.

SETTING

Clinic

DOCTOR

Your patient is 50 years old and has come to enquire about a Boostrix vaccine (combined diphtheria, tetanus and acellular pertussis (dTpa) vaccine). The patient's daughter is going to have a baby and she is encouraging the patient to get the vaccine, as she has heard that some illnesses can be fatal for infants. The patient's daughter believes that if the patient is vaccinated, it will help protect the baby from these illnesses. The patient has come to discuss the matter with you.

ASK

- Ask the patient about his/her reason for presenting today.
- Explain what a Boostrix vaccine consists of (e.g., diphtheria, tetanus, whooping cough), and that it is recommended for adults in close contact with newborns.
- Persuade the patient to have the injection and give reasons why whooping cough may be fatal to an infant (e.g., severe relentless coughing, hypoxic encephalopathy, may lead to brain damage and even death, etc.).
- Explain that the risks of diphtheria and tetanus are low but the vaccine is a three-in-one injection.
- Suggest that the patient return next week for the vaccine.

SETTING

Clinic

PATIENT

You are 65 years old. You opted for early retirement from an academic job because you were finding it difficult to manage your workload. You have a family history of early-onset Alzheimer's disease (your father and your older sister both have the condition). You have come to the doctor to discuss the possibility of genetic testing for inheritable forms of Alzheimer's.

TASK

- State that you are familiar with the symptoms but would like genetic testing because of your family history.
- Be surprised and a little affronted when the doctor suggests that there are other possibilities for impaired cognitive performance, including depression.
- Reluctantly agree to see a clinical neuropsychologist before considering genetic testing.
- Agree to undergo genetic counselling before any testing (if testing is deemed necessary).

SETTING

Clinic

DOCTOR

This 65-year-old retired academic opted for early retirement because he/she was finding it difficult to manage his/her workload. There is a fairly strong history of early-onset Alzheimer's disease in his/her family. The patient has come to discuss the possibility of genetic testing with you.

TASK

- Ask the patient if he/she has any questions about dementia generally, and if the patient is familiar with the symptoms of Alzheimer's.
- Discuss the possibility that the patient may be experiencing other forms of impaired cognitive performance, such as depression.
- Persuade the patient to see a clinical neuropsychologist before considering having genetic testing and explain the reason for this (e.g., formal cognitive evaluation and assessment of the possibility of depression as a component, etc.).
- Explain that prior to any future genetic testing, the patient will need to have specialist genetic counselling (counselling from health professionals with specialist training in genetics and counselling) to consider possible outcomes of the testing.

SETTING

Suburban Clinic

PATIENT

You are a music journalist. You go to a lot of live rock concerts. You have noticed a loud ringing in your ears and it has worsened over the past month. You thought it would go away eventually, but it has not. Yesterday you felt faint, but did not lose consciousness. You are very concerned you may have a serious health problem. You know about tinnitus but this seems to have come on quickly and you are worried about fainting.

ASK

- Answer the doctor's question about your history of tinnitus (loud ringing, etc.).
- Express concern. Ask how the condition could have progressed so quickly.
- Ask about treatment.
- Tell the doctor you cannot avoid loud noise. You are a music journalist so listening to loud music is part of your job (and you like it).
- Reluctantly agree to wear ear plugs to protect your ears from loud music.

SETTING

Suburban Clinic

DOCTOR

Your patient is a music journalist and goes to a lot of live rock concerts. The patient has been experiencing tinnitus. He/she felt faint yesterday, but did not lose consciousness. The patient seems very concerned about this.

ASK

- Find out about the patient's history of tinnitus.
- Discuss the possible causes of tinnitus (e.g., exposure to loud noise) and symptoms (e.g., loss of equilibrium/balance, etc.). Explain that the tinnitus could have developed without the patient noticing.
- Offer to refer the patient to an ENT (ear, nose, throat) specialist and caution the patient against things that could worsen his/her condition (e.g., loud noise can result in hearing loss, etc.).
- Warn the patient that tinnitus may be impossible to cure and stress the importance of protecting the ears from loud music.
- Persuade the patient to at least try wearing ear plugs.

SETTING

Suburban Clinic

PATIENT

You are a 29-year-old lawyer. You have been having heart palpitations (it feels like your heart is beating very hard) at least three times a week. Recently, this occurs almost every night. You are extremely busy and do not have time to cook so you eat at fast food restaurants at least five times a week. You also drink several cups of coffee a day. You know it is unhealthy, but you are not overweight.

TASK

- Tell the doctor about your heart palpitations (it feels like your heart is pounding or beating irregularly for a few minutes).
- Express disbelief when the doctor suggests your symptoms are caused by stress/anxiety. You think that your symptoms are due to a heart condition.
- Ask the doctor if there is anything you can do to stop your heart palpitations.
- State that you do not have time to cook healthy food.
- Reluctantly agree to try avoiding unhealthy food.

SETTING

Suburban Clinic

DOCTOR

This 29-year-old lawyer has been experiencing heart palpitations. The patient is extremely busy, eats fast food very often and consumes large amounts of coffee. Both his/her physical examination and ECG are normal.

TASK

- Ask the patient about his/her heart palpitations.
- Suggest that the patient's symptoms could be caused by stress and anxiety.
- Empathise with the patient's situation but inform him/her that the symptoms are not due to coronary problems (e.g., ECG and physical exam normal, etc.).
- Give suggestions to help the patient manage the heart palpitations (e.g., stress management, reduction in caffeine intake, etc.). Include a healthier diet as a suggestion.
- Recommend ways of eating healthier (e.g., making healthier choices in restaurant, etc.) and explain that these are important for long-term health.

ROLEPLAYER CARD NO. 1

MEDICINE

SETTING

Suburban Medical Clinic

PATIENT

You are 41 years old and were recently diagnosed with bipolar disorder (a psychiatric condition characterised by extreme mood changes). You have been on a medication called Zoloft (sertraline) for a week now, and are feeling great. In fact, you feel so much better that you don't think you need to continue taking your medication.

TASK

- Explain to your doctor how much better you feel since you began taking Zoloft.
- Maintain that the medication has worked very well and you are not experiencing any side effects, trouble sleeping or suicidal thoughts.
- Suggest that, since you feel quite normal again, there is no need for you to continue taking your medication.
- Be resistant to continuing the medication. You do not want people to find out you have a psychiatric disorder as they may think differently of you.

CANDIDATE CARD NO. 1

MEDICINE

SETTING

Suburban Medical Clinic

DOCTOR

Your 41-year-old patient has come for a review appointment. The patient was recently diagnosed with bipolar disorder (a psychiatric condition characterised by extreme mood changes). He/she has been prescribed sertraline (Zoloft) and his/her condition has stabilised. The patient wishes to discontinue treatment.

TASK

- Discuss how the medication is working.
- Ensure the patient has not been experiencing trouble sleeping, suicidal thoughts or other potential side effects.
- Explain the importance of continuing to take the medication as prescribed (e.g., stopping medication can cause return of symptoms, etc.).
- Try to convince the patient to continue the treatment (e.g., medication appears to be working, etc.).
- Reassure the patient, who is anxious that people will think differently of him/her if they find out about his/her bipolar disorder.

SETTING Suburban Clinic

PATIENT You are 31 years old and returned two weeks ago from a hiking trip with your friends, where you went swimming in a water hole (a natural hole where water collects). Since then, you have experienced stomach cramps, nausea, diarrhoea and dizziness. At first, you thought you just had the flu, but it has been going on for so long that you have decided to see a doctor.

- TASK**
- When asked, admit that you swallowed some freshwater while swimming on a hiking trip two weeks ago.
 - Ask the doctor to explain what contaminated water means exactly (e.g., contaminated with what?).
 - Ask how you can know for sure what is causing your sickness.
 - Express anxiety. Ask about getting prompt treatment.
 - Push the doctor to give you specific treatment, for example anti-diarrhoeal agents (rather than symptomatic treatment)
 - Agree to follow the doctor's advice and wait to take the anti-diarrhoeal agents until you know the cause is not infective.

SETTING Suburban Clinic

DOCTOR This 31-year-old, otherwise healthy patient has been experiencing stomach cramps, nausea, diarrhoea and dizziness for two weeks since swimming in a water hole (a natural hole where water collects) on a hiking trip. He/she originally thought it was the flu, but is now seeking your advice as the symptoms are persisting.

- TASK**
- Question the patient to determine if he/she swallowed any contaminated water.
 - Explain what 'contaminants' in contaminated water are (e.g., micro-organisms from animal or human waste, etc.).
 - Recommend tests to confirm the cause (e.g., stool sample microscopy, culture and sensitivity, parasites, ova and cysts, test for Norovirus, etc.).
 - Recommend symptomatic treatment for now (e.g., antiemetics, etc.) and waiting until the test results come back for specific treatment.
 - Advise against anti-diarrhoeal agents until tests confirm there is no infective (bacterial or viral) cause for the diarrhoea.
 - Highlight the need to maintain adequate hydration.

ROLEPLAYER CARD NO. 5

MEDICINE

SETTING Medical Clinic

PATIENT You are a 50-year-old office worker who broke your right arm during a fall six weeks ago. The fibreglass cast was due to be removed this week but the break is healing slower than the doctor anticipated. For the past three months, you have been taking a corticosteroid-based medication for your asthma.

- TASK**
- When prompted, mention that you have little knowledge about the condition but know that your mother developed osteoporosis at age 55. You do not get much calcium (e.g., milk) and don't spend much time in the sun. You have no known medical risk factors besides taking corticosteroids.
 - Ask the doctor to explain more about osteoporosis.
 - Ask how the doctor can be sure you have osteoporosis.
 - Ask the doctor to explain the test (bone mineral density testing). You are anxious to know what it involves.
 - Find out if there are any complications with Dual Energy X-ray Absorptiometry (DEXA) testing.

CANDIDATE CARD NO. 5

MEDICINE

SETTING Medical Clinic

DOCTOR Your 50-year-old patient is an office worker who broke his/her right arm during a fall six weeks ago. The fibreglass cast was due to be removed this week but X-rays reveal that the break is not yet healed. The patient has a medical history of asthma and has been on corticosteroids for three months. You suspect osteoporosis.

- TASK**
- Ask about the patient's family history of osteoporosis and other risk factors (e.g., low vitamin D intake, low calcium intake, etc.).
 - Tell the patient you suspect he/she may have osteoporosis.
 - Explain osteoporosis (e.g., condition where bones become less dense and more likely to break, etc.).
 - Refer the patient for bone mineral density testing at the local hospital.
 - Explain the Dual Energy X-ray Absorptiometry (DEXA) method of bone testing (e.g., X-ray beams of different energy, detects bone and soft tissue separately, safe and painless, usually takes a few minutes, etc.).
 - Reassure the patient that there are no complications with DEXA testing aside from a small radiation dose.

ROLEPLAYER CARD NO. 4

MEDICINE

SETTING Suburban Clinic

PATIENT You are 62 years old and worry about your health. Three months ago, you commenced one tablet of standard aspirin daily to keep your heart and blood healthy. You are sure that the aspirin is working because your blood pressure has never been better. However, lately you have been feeling lethargic and irritable. One month ago, you started having mild-moderate stomach pains. You are here today for a routine check-up and advice on your recent symptoms.

- TASK**
- Tell the doctor that, since commencing aspirin three months ago, your blood pressure is excellent, but you are worried about stomach pains.
 - Become anxious when the doctor tells you to stop the aspirin: "How will I keep my blood pressure down without it?"
 - You are not convinced that the aspirin is causing your recent symptoms (many of your friends take it and they have no problems). Instead, you think you might have a stomach cancer and demand further investigations.

CANDIDATE CARD NO. 4

MEDICINE

SETTING Suburban Clinic

DOCTOR Your 62-year-old patient worries about his/her health. Three months ago, he/she commenced one tablet of standard aspirin daily, to keep the heart and blood healthy. The patient reports his/her blood pressure has never been better. However, lately the patient has been feeling lethargic and irritable. One month ago, he/she started having mild-moderate stomach pains. He/she presents today for a routine check-up and advice on the recent symptoms.

- TASK**
- Recommend a trial period without aspirin as it may be causing gastric inflammation/ulceration. Suggest that the patient may also need anti-acid medication and proton-pump inhibitors.
 - Reassure the patient - blood pressure regulation relies on a number of factors (e.g., regular exercise, low sodium diet, etc.). Aspirin is not a necessary medication for this patient (nil cardiovascular disease/diabetes/renal disease).
 - Try to convince the patient that it is unlikely he/she has stomach cancer. A gastroscopy can be done to exclude cancer should his/her symptoms persist.

ROLEPLAYER CARD NO. 1

MEDICINE

- SETTING** Suburban Medical Practice
- PATIENT** You are fifty years old. You have come to see your doctor for a routine health check. You have gained a lot of weight since you last saw your doctor; you have been working long hours at a computer. As you work from home, and the job is quite boring, you tend to snack a lot on cakes and biscuits. You also have a bit of arthritis in your knee. Your father died suddenly of a heart attack in his fifties.
- TASK**
- Answer the doctor's questions about your diet and lifestyle: you do not have any psychological issues, you eat take-away food and snack often.
 - Insist that your weight is beyond your control.
 - Resist any suggested changes. Point out that exercising is difficult due to time constraints as well as the arthritis in your knee.
 - Reject any suggestion that you may be at risk of heart disease or diabetes. (You are sure what happened to your father will not happen to you.)
 - You do not want to see a specialist, but eventually agree to see a dietitian.

CANDIDATE CARD NO. 1

MEDICINE

- SETTING** Suburban Medical Practice
- DOCTOR** A fifty-year-old patient has come to see you for a routine health check. You notice that he/she has gained a lot of weight since last presenting. You discover that his/her BMI is 35 (obese). You know this patient has a family history of heart disease, and that his/her father died suddenly of a heart attack in his fifties.
- TASK**
- Find out about diet and lifestyle factors; investigate any possible psychological issues.
 - Convince this patient that he/she must lose weight.
 - Suggest lifestyle changes the patient can make to facilitate weight loss (e.g., exercise, change diet, etc.). Accept no excuses regarding sedentary work routine or limited mobility.
 - Impress upon him/her the risks associated with obesity (e.g., cardiovascular disease, diabetes type II etc.).
 - Suggest a referral to a dietitian, or possibly a psychologist.

ROLEPLAYER CARD NO. 2

MEDICINE

SETTING Suburban General Practice

PATIENT You are a 33-year-old who generally enjoys good health. You have noticed swollen glands in your neck over the last several months, but they are painless and do not bother you much. However, you notice that when you drink alcohol, they become a bit painful and your armpits become sore. You checked the internet and found that these symptoms suggest Hodgkin's lymphoma, a type of cancer, and you are very worried.

- TASK**
- When asked about symptoms:
 - You have been a bit more tired than usual.
 - You think you might have lost weight but you are not sure.
 - You notice night sweats particularly when you drink alcohol.
 - There is no family history of Hodgkin's lymphoma as far as you know.
 - Ask what lymphadenopathy is and what causes it.
 - Express concern. You want to know exactly what is causing your lymphadenopathy.
 - Agree to have the blood tests, but insist that he/she also refers you to a specialist.

CANDIDATE CARD NO. 2

MEDICINE

SETTING Suburban General Practice

DOCTOR A 33-year-old patient presents complaining of enlarged cervical and axillary lymph nodes that become worse after drinking alcohol. The patient has looked on the internet and is convinced it is Hodgkin's lymphoma. He/she is very upset and anxious. On examination, you find no evidence of enlarged spleen or liver, but there is lymphadenopathy in the cervical nodes. You are unable to feel any axillary nodes or supraclavicular nodes.

- TASK**
- Question the patient about associated symptoms (e.g., fatigue, weight loss, night sweats) and family history.
 - Reassure the patient that it is unlikely to be serious and explain your findings to him/her (lymphadenopathy in cervical nodes).
 - Explain what lymphadenopathy is (e.g., swelling of lymph nodes) and what might cause it (e.g., infection, etc.).
 - Suggest blood tests to investigate possible causes (e.g., complete blood count to show infection, etc.).
 - Agree to consider referring him/her for specialist opinion after the test results are returned.

ROLEPLAYER CARD NO. 3

MEDICINE

SETTING Suburban Clinic

PATIENT You are an elderly patient who had shingles on your face a few months ago, above your right eye. It has resolved but now you have a burning pain that is quite severe. When you touch your skin, you experience spasm.

- TASK**
- Find out what is causing this pain. Ask if it is related to the shingles.
 - Find out what the doctor can do for it.
 - Express surprise that you are being prescribed standard painkillers. Will they work?
 - Ask if you will need surgery to remove the painful skin.
 - You dislike taking drugs so ask if there are any non-pharmacological treatments available.

CANDIDATE CARD NO. 3

MEDICINE

SETTING Suburban Clinic

DOCTOR An elderly patient presented several months ago with herpes zoster (shingles) on the right temporal region of the face. He/she is now complaining of symptoms of postherpetic neuralgia (the nerve pain that often lingers after a shingles rash goes away).

- TASK**
- Explain the cause of the symptoms to the patient (pain in the nerves).
 - Recommend analgesia as a first line of treatment (paracetamol or codeine). Give capsaicin cream for topical application and explain the sensation it might cause. (e.g., a slight stinging sensation or coughing and sneezing, etc.).
 - Mention anticonvulsant drugs (gabapentin or pregabalin) may be used if necessary.
 - Answer questions about excision of the affected area and reassure him/her that surgery is not indicated.
 - Explain that non-pharmacological approaches may help (e.g., relaxation, meditation, psychologist, chronic pain clinic, etc.).

ROLEPLAYER CARD NO. 6**MEDICINE**

SETTING	Medical Clinic
CARER	Your 8-year-old son is growing a lot faster than his classmates. His older brother had not reached that height by the same age. You have taken him to see the doctor because you are concerned that he may have a growth disorder. The doctor confirms that the boy's weight, height and measurements are in the 90th percentile (i.e., at the high end of normal) for his age.
TASK	• Express anxiety about your son's growth. You think there must be a problem. • When asked, explain that you and your spouse were both average height as children. • Calm down when the doctor explains your son could be experiencing precocious puberty. Perhaps, this is simply a growth spurt. • Express confusion when the doctor suggests seeing a specialist. If your son is within normal limits, why not wait to see if his growth spurt slows down before following up further? • Accept the doctor's suggestion to see a specialist.

CANDIDATE CARD NO. 6**MEDICINE**

SETTING	Medical Clinic
DOCTOR	You are talking to the parent of an 8-year-old male patient. The parent is concerned that he is growing a lot faster than his classmates. His older brother had not reached that height by the same age. The boy looks older than 8 years and has a deep voice. His weight, height and measurements confirm that he is in the 90th percentile (i.e., high end of normal) of the standard growth chart.
TASK	• Reassure the parent that being in the 90th percentile range is not necessarily a problem. • Determine how tall the boy's parents were when they were children. • Discuss the possibility of precocious puberty (high level of hormones that causes growth spurt). • Suggest a referral to a specialist (e.g., paediatric endocrinologist). • Sensitively explain why the referral may be necessary (e.g., child may develop 'gigantism' if his condition is related to excess growth hormone; pituitary adenomas in childhood don't usually stop unless surgically removed, etc.).

ROLEPLAYER CARD NO. 4**MEDICINE**

SETTING	Suburban Clinic
PATIENT	You are an elderly patient who was recently hospitalised following an acute episode of pain (in the lower left abdomen) and rectal bleeding due to diverticulitis (you have a long history of constipation). On discharge, you were told to consult your doctor but were given no further information regarding the diagnosis or future prospects. You are extremely worried that this condition will recur, and you have heard of people dying from perforations in such cases.
TASK	• Seek reassurance from the doctor about what the hospital found. • Find out if you are likely to have another episode. • Get advice on controlling the condition and preventing recurrence. • Ask the doctor to explain why the hospital gave you antibiotics. • Be difficult to reassure, as it was a very frightening experience, but be prepared to listen to the doctor's advice.

CANDIDATE CARD NO. 4**MEDICINE**

SETTING	Suburban Clinic
DOCTOR	An elderly patient has come to you after an acute episode of diverticulitis. He/she had acute onset of pain in the left iliac fossa and rectal bleeding for which he/she was hospitalised. The hospital report sent to you indicated no perforation, abscesses, peritonitis or fistula. The patient is extremely anxious as he/she was not given any information about the condition on discharge.
TASK	• Reassure the patient that the hospital report indicates no perforation, etc. • Explain to the patient that the condition could recur. • Stress the importance of dietary modification to avoid constipation. However, excessive use of aperients (purgatives) should be avoided. • Explain why the antibiotic treatment was prescribed (bacterial infection of the colon can cause diverticular disease). • Advise the patient to return if rectal bleeding or bad abdominal pain recurs; a surveillance colonoscopy might be the next step if bowel habit alters or bleeding returns.

ROLEPLAYER CARD NO. 3**MEDICINE****SETTING**

Suburban Medical Clinic

PATIENT

You are a real estate agent and work long hours. You can't take time off work because you have some very important business deals coming up in the next couple of weeks. Two days ago, you fainted and blacked out for a couple of minutes. Three months ago, the same thing happened. You were hoping that the problem would clear up on its own but now you are worried that it might be something serious.

TASK

- Explain your situation and ask the doctor what he/she thinks is wrong with you.
- Find out about the kind of tests that the specialist might order.
- Insist that you have to put off seeing a specialist for at least two weeks.
- Be resistant to the idea of not driving but eventually agree to the doctor's advice.

CANDIDATE CARD NO. 3**MEDICINE****SETTING**

Suburban Medical Clinic

DOCTOR

Your patient describes two syncopal episodes that have occurred in the last three months. The patient has come to see you because he/she is worried that it might happen again. The episodes were not witnessed and you do not know if they were truly syncopal, whether they were convulsions, or even if they were real. You want him/her to see a neurologist.

TASK

- Explain that further investigation is necessary for diagnosis, and that you must do an ECG (electrocardiogram) here in the surgery. You also want to do a CT scan of his/her head and some basic blood tests.
- Convince the patient that he/she should visit a neurologist, as a cautionary measure. Reassure him/her and explain what tests the neurologist will run, including an electroencephalogram (EEG).
- Without alarming him/her, insist that he/she needs to make time to see the neurologist. Persuade the patient not to drive until the situation is clearer (as any car insurance will not cover the patient in the event of an accident until things are sorted out).

ROLEPLAYER CARD NO. 2**MEDICINE****SETTING**

Suburban Medical Clinic

PATIENT

You are 76 years old and overweight. You have had pain in your right hip for years. Recently the pain has become more intense, and is affecting your ability to perform everyday movements and tasks. You have recently started using a walking stick to maintain mobility. You are worried about what this means. You want information and reassurance.

TASK

- Ask the following questions:
 - What might be causing your hip pain? Could it be arthritis?
 - Why is the pain getting worse?
 - Is this problem common?
 - What should be done to diagnose the problem?
 - What treatment might follow?
 - What should happen now?

CANDIDATE CARD NO. 2**MEDICINE****SETTING**

Suburban Medical Clinic

DOCTOR

An overweight 76-year-old patient is seeking advice about hip pain. He/she has experienced worsening pain in the right hip for a number of years. Lately, he/she has begun using a walking stick for support for everyday movements and activity. He/she is anxious about possible reasons for the increased pain and likely treatment recommendations. Be reassuring.

TASK

- Explain possible causes of the symptoms: various, including osteoarthritis (most likely), bursitis, tendinitis, referred pain from back.
- Give reasons for the worsening symptoms (e.g., cause remains untreated, etc.).
- Inform the patient that hip pain is quite common in people over 65; most common cause is arthritis.
- Explain that physical examination and X-ray (for arthritis) are required for diagnosis.
- Discuss treatment options: depends on diagnosis (for arthritis – weight loss, modification of activity, paracetamol, NSAIDs, physiotherapy, referral for hip replacement if conservative treatment fails).
- Tell the patient what happens now: diagnostic examination/X-ray; follow-up to confirm diagnosis, treatment plan and treatment monitoring.

ROLEPLAYER CARD NO. 1**MEDICINE****SETTING**

Community Health Centre

PATIENT

You are 63 years old and in good health. You enjoy fresh air and sunshine. You rarely need a doctor. Six days ago when you were digging in the garden, a rusty nail went through your rubber sandal and slightly penetrated the sole of your right foot. You cleaned the wound with antiseptic and covered it with a sterile dressing. Yesterday you read a newspaper article about people over 50 getting tetanus from simple garden wounds.

TASK

- Be hesitant and apologetic (you do not usually 'bother' doctors). Explain the reason for your visit.
- If asked, you have no symptoms (only slight tenderness around the wound). Ask if tetanus is a serious condition.
- Find out if you need a tetanus vaccination. You had one when you were a child. Was the article exaggerating? Didn't the vaccination you had give permanent immunisation?
- Ask if it's safe for you to continue gardening at your age.
- Accept the doctor's suggestions.

CANDIDATE CARD NO. 1**MEDICINE****SETTING**

Community Health Centre

DOCTOR

This 63-year-old patient is enquiring about the need for a tetanus vaccination. He/she cut his/her right foot while working in the garden recently. He/she cleaned the wound but is worried about contracting tetanus.

TASK

- Find out the reasons for the patient's enquiry.
- Check for any symptoms of tetanus 'lockjaw' (e.g., muscle stiffness and spasms in the neck, especially a stiff jaw, 4-21 days after injury).
- Explain why tetanus is a serious disease (e.g., affects nervous system, muscles, etc.).
- Reassure the patient that the consultation was a good idea (booster required every 10 years: immune system may not work as well with age). Recommend a tetanus vaccination if required (if previous vaccination was more than ten years ago, advise the patient to have another booster).
- Encourage the patient's gardening hobby (outdoor exercise).
- Advise on suitable footwear to avoid future gardening injuries (strong, covering the feet, thick soles, etc.).

ROLEPLAYER CARD NO. 2**MEDICINE**

SETTING Medical Clinic

PATIENT You are 29 years old. Two days ago, you ate a whole fish in a restaurant. Since then, it feels like there has been a fish bone caught in your throat. Your throat feels irritated and no matter how much water you drink, you can't seem to dislodge it. The doctor has examined your throat.

- TASK**
- Confirm that the pain began during dinner.
 - Argue that the bone has to be in there. It really feels like it is stuck there.
 - Ask how the doctor can tell that the bone is not there.
 - Ask if it will get better soon – it is very uncomfortable.

CANDIDATE CARD NO. 2**MEDICINE**

SETTING Medical Clinic

DOCTOR This 29-year-old patient ate a whole fish in a restaurant two days ago and thinks that he/she may have a fish bone caught in his/her throat. You have examined the patient's throat and not found any bone, but think that the patient may have scratched his/her oesophagus as it is inflamed and swollen.

- TASK**
- Ask the patient when the pain started.
 - Explain that the patient may have a scratched oesophagus.
 - Assure the patient that the bone is not likely to be caught in his/her throat (e.g., scratch can be as painful, etc.).
 - Explain the symptoms the patient may experience if a bone is caught in the throat (e.g. vomiting, difficulty swallowing, etc.).
 - Persuade the patient that the discomfort should go away on its own.
 - Provide reassurance that if the pain or discomfort doesn't settle within a few days, an X-ray can be performed, and if needed a referral can be made to a gastroenterologist.

ROLEPLAYER CARD NO. 2**MEDICINE**

SETTING Medical Clinic

PATIENT You are 29 years old. Two days ago, you ate a whole fish in a restaurant. Since then, it feels like there has been a fish bone caught in your throat. Your throat feels irritated and no matter how much water you drink, you can't seem to dislodge it. The doctor has examined your throat.

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CANDIDATE CARD NO. 2**MEDICINE**

SETTING Medical Clinic

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ROLEPLAYER CARD NO. 2**MEDICINE**

SETTING Medical Clinic

PATIENT You are 29 years old. Two days ago, you ate a whole fish in a restaurant. Since then, it feels like there has been a fish bone caught in your throat. Your throat feels irritated and no matter how much water you drink, you can't seem to dislodge it. The doctor has examined your throat.

- TASK**
- Confirm that the pain began during dinner.
 - Argue that the bone has to be in there. It really feels like it is stuck there.
 - Ask how the doctor can tell that the bone is not there.
 - Ask if it will get better soon – it is very uncomfortable.

CANDIDATE CARD NO. 2**MEDICINE**

SETTING Medical Clinic

DOCTOR This 29-year-old patient ate a whole fish in a restaurant two days ago and thinks that he/she may have a fish bone caught in his/her throat. You have examined the patient's throat and not found any bone, but think that the patient may have scratched his/her oesophagus as it is inflamed and swollen.

- TASK**
- Ask the patient when the pain started.
 - Explain that the patient may have a scratched oesophagus.
 - Assure the patient that the bone is not likely to be caught in his/her throat (e.g., scratch can be as painful, etc.).
 - Explain the symptoms the patient may experience if a bone is caught in the throat (e.g. vomiting, difficulty swallowing, etc.).
 - Persuade the patient that the discomfort should go away on its own.
 - Provide reassurance that if the pain or discomfort doesn't settle within a few days, an X-ray can be performed, and if needed a referral can be made to a gastroenterologist.

ROLEPLAYER CARD NO. 3

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are a 58 year old company accountant with a demanding job. You are overweight but don't get much opportunity for regular exercise. Recently, you have been feeling more tired than usual and your vision is a bit blurry. You have also lost a few kilograms. You feel stressed and overworked. You think that long hours working at your computer is straining your eyes and you need reading glasses. Your spouse has urged you to see the doctor about your eyes.

TASK

- Request an eye examination, as you need prescription lenses.
- Express disbelief when the doctor suggests that diabetes (raised blood sugar levels) might be causing your vision problems.
- Initially refuse to undergo testing for diabetes. Accuse the doctor of over-testing. Insist: "I simply need reading glasses!"
- Admit to having symptoms that might suggest your blood sugar levels are raised. Reluctantly agree to further tests.

CANDIDATE CARD NO. 3

MEDICINE

SETTING

Suburban Clinic

DOCTOR

Your patient is a 58 year old company accountant with a demanding job. He/she is overweight and doesn't exercise regularly. Recently, your patient has been feeling unusually tired, has lost a few kilograms and his/her vision is a bit blurry. The patient feels overworked and thinks the long hours on the computer are causing eye strain and he/she needs reading glasses. Your patient's spouse urged him/her to see the doctor about the eye issues.

TASK

- Explain that the blurred vision might be caused by diabetes.
- Recommend tests for diabetes (including on-the-spot random blood glucose finger prick). Reassure the patient that the tests are straightforward.
- Explain why you think it might be diabetes (positive risk factors: history of being overweight, inactive, recent onset of lethargy, blurred vision and weight loss).
- Recommend a referral to an ophthalmologist. Try to convince the patient to undergo testing for diabetes.

ROLEPLAYER CARD NO. 4

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are a 50-year-old insurance broker. Your recent divorce has been stressful. You need a holiday to restore your energy and improve your spirit. However, your boss has refused your request for vacation leave (he would prefer you to take leave later in the year when business is quieter). You have come to see your doctor today to request a medical certificate that will allow you to have two weeks off work.

TASK

- Explain that you need a two-week holiday from work to recover from your recent divorce.
- Become angry when the doctor refuses to write a medical certificate. Insist that stress is an illness and you are entitled to take sick leave.
- Insist that a really good holiday is just what you need to restore your energy and make you feel better.
- Be reluctant to see a psychologist for stress management, but eventually agree to make an appointment.

CANDIDATE CARD NO. 4

MEDICINE

SETTING

Suburban Clinic

DOCTOR

Your patient is a 50-year-old insurance broker whose recent divorce has been stressful and wants a holiday to restore energy and spirit. However, the company boss has refused a request for vacation leave. Your patient has come to see you today to request a medical certificate that will allow him/her to have two weeks off work.

TASK

- Refuse to issue a medical certificate as your patient is not depressed.
- Explain that issuing a deliberately false or misleading certificate represents professional misconduct.
- Emphasise that misuse of sick leave is a serious matter (e.g., going on vacation while pretending to be sick might have consequences if the boss should question the medical certificate).
- Acknowledge that stress affects health and try to convince him/her to see a psychologist for stress management by emphasising the long-term benefits of therapy.

ROLEPLAYER CARD NO. 1

MEDICINE

SETTING

Medical Clinic

PATIENT

You are 27 years old and have a 2cm cut on your upper left thigh from falling on a sharp piece of metal three days ago. You bandaged the leg yourself at the time, as you didn't think it required medical attention. However, last night the area was very sore, red, swollen, and you had difficulty sleeping. The doctor has examined the cut, and when he/she pressed on the wound, it was painful.

TASK

- Inform the doctor that you have only taken paracetamol for the pain. You have changed the bandage three times, each after showering.
- Tell the doctor that you had a tetanus injection once as a child.
- Ask if the doctor can give you some antibiotics.
- Tell the doctor you do not want the wound cleaned as this sounds painful.
- Eventually agree to let the doctor clean the wound.
- Ask why you need another tetanus injection.
- Seek clarification on the phrase 'surgical debridement'.

CANDIDATE CARD NO. 1

MEDICINE

SETTING

Medical Clinic

DOCTOR

This 27-year-old patient is presenting with a painful, red and swollen 2cm cut on his/her upper left thigh. Three days ago, the patient fell and cut his/her thigh on a piece of metal. You have examined the cut and determined that it is infected and will require treatment.

TASK

- Ask if the patient has taken anything for the wound, applied any medications to the area, and if the patient has been immunised against tetanus.
- Explain that the cut seems to be infected and will require treatment (e.g., antibiotics, etc.).
- Convince the patient that it is necessary to clean the wound and give reasons why (e.g., foreign bodies present, etc.).
- Suggest another tetanus injection as the last dose was a long time ago.
- Explain that you want to see the patient tomorrow to review the wound, and that if it continues to deteriorate, surgical debridement (e.g., removal of unhealthy tissue, etc.) might be necessary.

ROLEPLAYER CARD NO. 1

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are a 49-year-old accountant with six-month onset rheumatoid arthritis (RA), an autoimmune disease that causes pain and swelling of the joints. Your symptoms of joint pain and fatigue have been well-managed with NSAIDs (nonsteroidal anti-inflammatory drugs). However, one week ago, you experienced a 'flare' (a period when joints are more inflamed and painful). You smoke 10 cigarettes per day. You are seeking advice from your doctor on the anticipated course of the illness and appropriate management.

TASK

- Tell the doctor you are confused and do not understand why the arthritis doesn't 'go away'. Ask "Is there a cure for RA?"
- Reject the doctor's strategies for coping with RA - you are only interested in aggressive medical treatment to make the disease 'go away'.
- Become upset when the doctor tells you to stop smoking completely (e.g., your previous attempts were unsuccessful, your job is stressful, smoking helps you to relax).
- Reluctantly agree to see a specialist.

CANDIDATE CARD NO. 1

MEDICINE

SETTING

Suburban Clinic

DOCTOR

Your patient is a 49-year-old accountant, diagnosed six months ago with rheumatoid arthritis (RA). The symptoms of joint pain and fatigue have been well-managed with NSAIDs (nonsteroidal anti-inflammatory drugs), but one week ago, he/she experienced a 'flare' (period when joints are more inflamed and painful). The patient smokes 10 cigarettes per day. He/she is seeking your advice on the anticipated course of the illness and appropriate management.

TASK

- Explain that RA is a chronic disease, which will not just 'go away' (e.g., no cure, remits and relapses, current flare will probably settle but more quickly with medication, etc.).
- Provide strategies for coping with RA (e.g., rest, sleep, modify diet, sensible exercise - long walks, massage, hot treatment, etc.).
- Provide reassurance - early diagnosis and intervention are important for improving patient outcomes.
- Advise the patient to stop smoking.
- Offer to refer the patient to a rheumatologist for specialist advice and possible cortisone treatment.

ROLEPLAYER CARD NO. 2**MEDICINE****SETTING**

Suburban Clinic

PATIENT

You are 50 years old and have recently been diagnosed with Parkinson's disease, which has caused stiffness and movement difficulties. You cannot swing your arms, and are getting muscle spasms, especially in your left foot. You do not have a tremor at this stage. The doctor has put you on a drug, but you are keen to try alternatives so you can cease the medication.

TASK

- Explain that you do not like taking drugs.
- Find out why the doctor thinks you need to persevere.
- Find out what exactly Parkinson's disease is. What causes it? How does it affect your brain?
- Find out if there is anything else that would help (e.g., exercise, acupuncture or massage, etc.).
- Be difficult to convince, but eventually, reluctantly agree to stay on the drug.

CANDIDATE CARD NO. 2**MEDICINE****SETTING**

Suburban Clinic

DOCTOR

This 50-year-old patient was recently diagnosed with Parkinson's disease (PD). You prescribed L-DOPA (levodopa/carbidopa), but the patient is reluctant to continue with it even though he/she is having muscle spasms in the left foot and cannot swing his/her arms. As he/she has no tremors, he/she is keen to try alternative therapies and asks about them instead of taking the prescribed drugs.

TASK

- Encourage him/her to persist with L-DOPA, by explaining the importance of the medication and how it will improve the prognosis.
- Explain what PD is (i.e., degenerative disorder of the central nervous system) and what happens neurologically (i.e., often impairs the motor skills, speech and other functions).
- Explain that the causes of PD may be due to head trauma, exposure to toxins or simply unknown.
- Recommend physiotherapy and explain ways in which it can help (e.g., with movement, initiating gait, pain, breathing, etc).
- Answer questions about the benefits of exercise, acupuncture, massage, but emphasise these are not alternatives to the medication.